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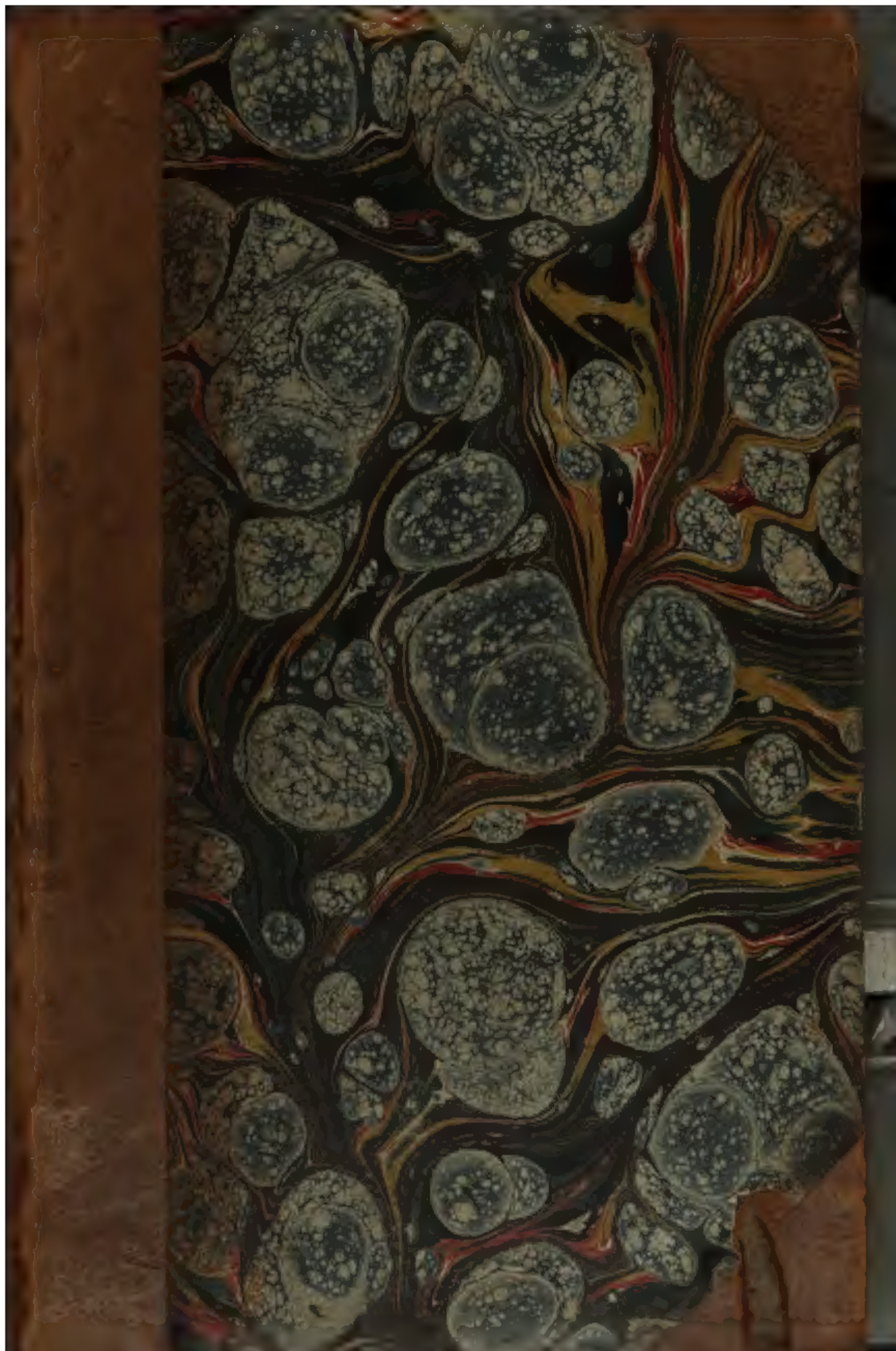
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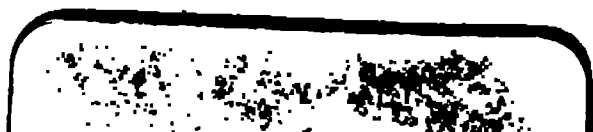








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THE  
LONDON  
MEDICAL REPOSITORY,  
MONTHLY JOURNAL,  
AND  
REVIEW.

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EDITED BY  
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Quærere Verum. HORACE.

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NEW SERIES.

VOL. III.

FROM JANUARY TO JUNE 1825.

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## PREFACE.

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RECENT arrangements in the editorial department of this Journal, and several modifications of the plan of the work — some of them arising out of that experience which is learnt by frequently appearing before the public, and others adopted on the suggestion of those who have long honoured the REPOSITORY with their patronage, — have induced the necessity of commencing a New Series of the Numbers. It is presumed that the propriety of this determination, as an accompaniment to such alterations, is sufficiently evident to obviate misconception.

The following will be found among the principal changes in the New Series : —

First, a limitation of the department of Original Communications ; including, of course, a somewhat more rigid exaction of talent and excellence than can be expected in any *large* monthly publication of separate cases. A reference to the former Numbers of the REPOSITORY will sufficiently shew that very eminent Physicians and Surgeons occasionally prefer this mode of communicating single but important facts, or brief collections of facts and observations, intended rather to throw light on some particular branch of inquiry, and to be, as it were, materials

for other workmen to employ, than to be reserved for the construction of more extensive and separate works, for which other and more favourite investigations, and the business of life, would hardly leave them time. Altogether to exclude communications of this kind from the pages of a monthly journal, would, it is thought, be no less an act of ingratitude to such valued contributors, than a disadvantage to the medical public. On the other hand, the publication of cases of little importance offers temptations to young and inexperienced men, which the vain, the ambitious, and the impatient, can seldom resist. To prevent a consequent accumulation of printed records of little value, and, at the same time, not to discourage real and unassuming merit, is certainly one of the most delicate of all the anxious duties of an editor. If it has been the practice hitherto to lean considerably to the indulgent side, the fault (if such it be deemed) was shared in common with all similar periodical productions, and was inherent in their constitution. Under the proposed confinement of this department within narrower limits, insertion will imply selection, and be considered as a more decided acknowledgment of the value of the communication.

Another change which it has been considered essential to adopt, will be found in the extension of the reviewing department. The limits which have generally been set to writings of this description in the REPOSITORY have often been found inconvenient; incompatible with the justice which it is always desirable to do to those whose works

are reviewed, and operating unfavourably on the reviewers themselves : for it is sufficiently known, that the reviews which most attract the public attention are far superior to a mere exposition of the work examined, and often branch out, in the hands of able and well-informed writers, into comprehensive and complete essays on the subject of such works. There is assuredly, at present, so decided a manifestation of preference on the part of the public for this kind of writing, as to render any thing like an apology for complying with it wholly superfluous.

In one respect, it is intended to make a particular deviation from the general plan of the medical and surgical reviews of the day ; and one which, it is believed, will meet with general approbation. It is intended to give occasional insertion to *Retro-spective Reviews*. By this plan, the best parts of many valuable works, which, either because they are scarce or voluminous, or encumbered with an antique and unpopular phraseology, or because the engrossing practical duties of the profession leave no time for perusing them, are rarely read, and very little referred to, by practitioners at large, will, from time to time, be brought before the readers of this Journal, in the form, for the most part, of critical essays. The works of writers long numbered with the dead may, at least, it is hoped, be reviewed without a suspicion of undue partiality, criticised without envy, or praised without an appearance of servility. Compositions of this nature can, indeed, scarcely fail to be equally agreeable to readers and

to authors ; and as they will not be of very frequent occurrence, they will, on no account, interfere with the regular notice of new publications.

If the present Number formed the commencement of a new work, instead of a continuation of one already established, it might be requisite to set forth the rules and principles of critical inquiry by which the publication would be guided : but as no specific charge of partiality or personality has ever been brought against this Review ; as it has been assailed by nothing more important than the occasional captiousness of a writer whose reclamation, although very natural and excusable, might be fairly considered as the mere inconsiderate warmth of an author too eager to snatch a reputation beyond the reach of his deserts — nothing, in short, but what every review must now and then be subject to, — it is not considered essential to say more, than that the merits of those whose works are noticed in these pages, whether they are known or unknown, whether in high place and station or just rising above the crowd, will always be estimated with as much fairness as the frailty of human nature and the fallibility of human judgment will permit the reviewer himself to exercise ; whilst the advancement of all kinds of professional knowledge will always be considered the first object deserving, or rather demanding encouragement.

Arrangements have been made, by which the Monthly Collection of Facts and Observations will be rendered somewhat more copious : and such ample sources, both Domestic and Foreign, whence

the articles for this department of the Journal may be derived, are placed within the reach of the conductors, as to constitute that part of the work a very useful repository and record of what is valuable in Medicine and Surgery, at home and abroad.

Some minor improvements, or at least alterations, will be observed, which do not require to be particularised. The readers of the work, however, may be satisfied to know, that the exertions of the publishers will keep pace with those of the Editors, in order to render the MEDICAL REPOSITORY worthy of the increasing patronage it is receiving from the Profession: its limits will be considerably augmented, without any additional expense to those who peruse it.

Perhaps a few words should be said on the plan of the publication, as regards the occasional discussion of matters of professional interest, rather than of study and inquiry. It can never be worthwhile for the editors of a journal to excite angry feelings in its readers: such conduct must always prove no less useless than it is foolish. It is their evident duty, as well as their interest, to use the degree of influence which they must always possess, with such discretion, good intention, and temper, as to explain misunderstandings, to soothe differences, to soften animosities, and to promote the good feeling of all branches of the Profession. But, on the other hand, it is incumbent on the professional public to make allowances for the difficulty of touching on delicate subjects without giving offence, even where none is meant; for the difficulty of conducting free



discussion with invariable moderation of language ; and for the impossibility of clothing an honest indignation in any ‘ set phrase of speech.’ Moreover, the communications of correspondents, when their feelings are concerned, are sometimes of a nature not to be suppressed without a kind of tyranny and injustice, nor yet published, without risk of reprehension from the dispassionate reader. Free, impartial, fearless discussion of *all* questions, is one of the proud privileges of the country in which we live ; and, without the smallest wish to dictate to his professional brethren, or to constitute himself an oracle, or to compel the adoption of unpalatable opinions, there can be no good reason why the editor of a medical journal should be either afraid or ashamed to exert this great privilege himself, or required to limit its exertion in others.

When the reader hastily blames a journalist for entering upon subjects beset and embarrassed with these difficulties, he does not always remember that a sense of duty may have impelled him to it ; that there is a great responsibility attached to an editor, whose writings are continually before the public, and are honoured with a share of its attention ; and that when there is a prospect of doing real and undoubted good, though the good may not be immediate, he ought to be influenced by higher motives than mere prudence, and not to forget that he is accountable for his editorial, as well as for all his other actions.

It remains to be announced to the readers of the **REPOSITORY**, that the task of conducting it, which

the above alterations will necessarily render more laborious, is now to be divided by DR. COPLAND, DR. DARWALL, and DR. CONOLLY. Of the proofs DR. COPLAND possesses as to the reception of his endeavours, it is unnecessary to speak; he is content to refer to the best judges of his editorial conduct—to those who have most closely inspected it. The two gentlemen whose names are now introduced to the reader, would not be gratified by any pompous or laboured eulogy. They are both known and valued by an extensive circle of professional friends; and for the estimation of the public, satisfied that they will be received with liberality, they are quite content to trust to their exertions in the future pages of the work.

One determination of the Editors it may be proper at once to declare. As they will never avail themselves of their office to gratify private feelings, so they will never condescend to notice personal abuse. To argument and just appeal they will never affect to be indifferent; but they would be unfit for the public duty they have undertaken, if they were not prepared to bear vulgar misrepresentation and calumny with patience, and to meet both with the quiet contempt they deserve. Believing that they appreciate justly the present state of professional feeling, and that, in common with the sentiment of all parts of reputable society, it tends strongly, though retarded by many difficulties, towards all that is liberal and enlightened, — towards every thing great and good—*they*, at least, will not be wanting in their efforts to go along with, or even,

if they have the power, to promote this feeling. Remembering the short space allotted to the performance of all sublunary duties, and contemplating the sure approach of that time, when the animosities and warfare of hasty tempers and of little minds will be looked back upon, even at the best, as mere 'vanity and vexation,' they will steadily and consistently endeavour to perform their public duties, so as to be useful during the period of their activity, and so as to be able subsequently to reflect upon their labours without shame, sorrow, or regret.

THE  
LONDON MEDICAL  
REPOSITORY.

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No. 133.

JANUARY 1, 1825.

VOL. XXIII.

BEING

No. XIII. OF A NEW SERIES.—VOL. III.

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PART I.

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ORIGINAL COMMUNICATIONS.

I.

*Of the Present State of our Knowledge respecting the  
Function of Absorption.*

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THE duty of a medical journalist comprehends, in our opinion, much more than the mere business of recording facts. This forms, it is true, a very important, and even an essential part of his office; but if he mean to make his publication of extensive value, he must proceed farther, and endeavour, from time to time, to give a condensed but perspicuous view, not only of the facts themselves, but of the deductions which may be legitimately drawn from them. His journal will thus contain, at the same time, a history, and the matter of history. To those who have leisure and inclination, it will afford the opportunity of recurring to original sources, and will enable those who have the latter, but not the former, to obtain with facility the most important information connected with the science of their profession. Upon this ground we now purpose to lay before our readers an account of the different observations and opinions which have been entertained by the most respectable physiologists concerning the function of absorption—a process which seems buried in as much obscurity as any other of the animal

economy, and regarding which theories have been sported, as vague and as hypothetical as any of those to which, of late years, the functions of the nervous system have so admirably served.

Before entering upon the subject itself, we have a few observations to make upon the degree of credit to which the experiments of some of the older physiologists are entitled. Haller has very strongly expressed his opinion that a positive experiment is to be trusted in preference to a negative one; and it would be impossible to lay down a more rational or impartial rule. Accident, want of skill, inattention to circumstances apparently of small moment, yet materially affecting the result of experiment, may interfere with its success; but we might as well be called upon to disbelieve in the existence of another hemisphere, because we have not seen it, as to refuse credit to experiments which have the testimony of intelligent and impartial philosophers in their support, because they have not succeeded in our hands. We must also protest against that arrogance which denies the possession of logical acumen or experimental skill to Hunter, to Haller, or any other of the celebrated physiologists of the last century. When M. Magendie alleged the imperfection of physiological experiment in the time of John Hunter, he could not certainly have known the existence of the Hunterian Museum, a standing monument, we humbly think, of such a power of delicate investigation in its founder, as it appears almost impossible to surpass. But, in fact, the art of experimenting was not then in its infancy, but had been practised to a very great extent for more than half a century. Every tyro in physiology did not, indeed, think himself competent to slaughter animals, and there was, perhaps, some little compunction felt even by those who did; but there is no evidence whatever for supposing that fewer precautions were then employed in experimenting, or less circumspection in drawing inferences, than now. We shall therefore be guided in our opinions by these circumstances, and not by that vanity which has led M. Magendie to believe his own cotemporaries superior to their forefathers in intellectual powers, and himself to be a more perfect, and more accurate, and more infallible experimenter than any of his predecessors.

That such a function as absorption existed, must very quickly have struck the earliest physiological observers. They must have noticed that the body wasted, that tumours sometimes disappeared, and that dropsical accumulations were sometimes removed. We are not aware that any particular explanation of these phenomena was ever attempted by the ancients; and by the moderns the process has been

rather inferred from experiments and observations of the paths by which the nutritive part of our food is taken into the circulation, than by experiments directly instituted for this point. Nor has this analogy been lightly inferred, since it is perfectly natural to suppose the process by which any matter is absorbed from the intestines, and that by which the body is wasted, or a tumour removed, must be nearly similar: and anatomical investigation has rather contributed to strengthen than weaken this analogy, whether the veins or the lymphatics are the absorbents; for, with the exception of a very few organs, these vessels have been discovered in every part of the animal body. But as the lacteals (which are truly only a part of the lymphatic system), and the mesenteric veins, from being more easily seen, are much better fitted for experiment, so have they been principally chosen for this purpose. Though, therefore, our observation will be principally confined to the function as it has been observed within the abdomen, they must be considered as applying equally to the whole body.

The illustrious Haller has mentioned Hippocrates and Aristotle as attributing the absorption of the aliment entirely to the mesenteric veins. By what experiments or reasons they were led to this inference we are ignorant, but it was received till the discovery of the thoracic duct by Eustachius, and of the lacteals by Asellius, Rudbeck, and Jolliffe, as unquestionable. Even after this time, however, Harvey, in the expressive words of Haller, "*quidquid humani passus est, sibi elabi,*" and having stated the chyle was absorbed by the veins of the mesentery, would not even acknowledge the existence of the vessels of Asellius; for he said, "it was clear that the chyle by which animals are nourished is carried from the intestines through the mesenteric veins; nor is it necessary to search for the lacteals, nor any other road, in adults, than what is readily observed in the egg and in the chick." Nor was this opinion unsupported by experiment, for milky striæ had been observed in these veins by Harvey himself, by Swammerdam, and by many other observers. Boerhaave injected water into the stomach and intestines of a dead dog, and saw it return by the veins. At the time Haller wrote, also, the lymphatics had neither been discovered in birds, cold-blooded quadrupeds, nor fish; and influenced, therefore, by these considerations, with the additional facts that many individuals had lived a considerable time in whom the thoracic duct had been obliterated—that the veins into which it is inserted having been tied in a dog, the animal lived fifteen days—and that they in whom the thoracic duct had been wounded, died, but after a consumption of long duration,—he did not

way." The positive arguments, however, in proof of lymphatic absorption, are principally derived from pathological observations. The chief of these are, the effusion which frequently happens in the arm, when one of the axillary glands either has become diseased or has been removed; the effect of an inflamed lymphatic, from inoculation with acrid matter; the swelling of the inguinal glands in syphilis; the circumstance of the lymphatics in the neighbourhood of an abscess frequently containing pus; and, according to Cruikshank, "that whenever fluids are extravasated on surfaces or into cavities, or whenever such fluids preternaturally distend their reservoirs, the lymphatics belonging to these surfaces and cavities are found full of the same fluid." These and similar facts, it must be allowed, though not arriving at mathematical certainty, do unquestionably render the possession of an absorbent power by the lymphatics exceedingly probable. But as, for the most part, these were only arguments, the chief object of attack and defence has been the lacteals, they being allowed on all hands to be a part only of the lymphatic system; and even Magendie stating, that lymphatic absorption would be rendered very probable, "if the absorbing power of the lacteals were properly demonstrated for other substances than the chyle."\* For this purpose, the experiments of Lister were repeated by John Hunter, and with complete success; for "they quickly absorbed the milk, the solution of starch in water coloured with indigo, the musk water; in short, every fluid which was thrown into the cavity of the intestines." Nor does this rely on the authorities already mentioned; for Haller, who would not admit the validity of the opinion that the red veins do not absorb, yet gives a testimony, from his own experience, of John Hunter's correctness; and, in speaking of the irritability of the lacteals, says that he had found them to disappear from under his eyes when full either of chyle or lymph, or "*cæruleo liquore*," which he had compelled the animal to swallow. Mascagni also had found the lymphatics of the lungs and the peritoneum filled with blood in animals which had died of pulmonary or abdominal hæmorrhage, and hence concluded, that these vessels had absorbed the fluid with which they were filled. The same conclusion, from the same premises, had been previously deduced by Cruikshank, nor does it appear to us that any other could be correctly drawn. Blumenbach likewise has verified the experiments of Lister and Hunter, and still later similar results have been obtained by Drs. Laurence and Coates in America. The trials of these phy-

\* Tom. ii. p. 186.



siologists are peculiarly interesting, both with respect to the absorbing power of the lacteals and the lymphatics.\* They not only found coloured substances in the thoracic duct, which had been taken from the intestinal canal, but as the result of the chemical action of different substances upon each other. Thus, when sulphate of iron was introduced in the alimentary canal, and prussiate of potash in the cellular tissue, their presence was manifested in the thoracic duct by a beautiful blue colour in that vessel and its contents. It is difficult to consider this last experiment in any other light than as a direct proof of the absorbing power of the lymphatics; for since they are the only vessels, with which we are acquainted, terminating in the thoracic duct, it is only through them that the prussiate of potash could be brought into contact with the sulphate of iron.

The experiments against the doctrine of lymphatic absorption are only of a negative kind, nor can they be properly looked upon as doing more than proving a want of success in the institution of them. M. Flaudrin did not meet with the results John Hunter had done. M. Magendie and M. Dupuytren made one hundred and fifty experiments, but were not more successful. M. Halle never found the chyle coloured by substances mixed with the food; and Sir E. Home, though he recognised rhubarb in the urine, the serum of the blood, and in the bile of animals in which he had tied the thoracic duct, never perceived it in the chyle of the lacteals. Lastly, M. Gmelin and Tiedeman† could never observe colouring substances in the thoracic duct; but their experiments do not support M. Magendie in the doctrine that the lacteals absorb nothing but chyle, for iron, prussiate of potash, and sulphate of potash, were observed in that fluid. The result, however, in this respect was not uniform, for in one dog and one horse the iron could not be perceived, in another instance it was observed. The prussiate of potash also was found in one experiment, and not in another.

Consistently with the rule laid down by Haller, that a positive is more deserving of credit than a negative experiment, the individuals experimenting being competent, the opinion must be considered as proved that the lacteals absorb colouring substances. For though M. Magendie may question the accuracy and ability of Haller, John Hunter, and Blumenbach, we do not think he will find many to join him. It may

\* Account of Experiments by Drs. Laurence and Coates, in Copland's Edition of Richerand. 1824.

† Recherches sur la Route que prennent diverses Substances pour passer de l'Estomac et du Canal Intestinal dans le Sang. Par E. Tiedeman et Gmelin, Professeurs à Heildelberg. A Paris, 1821.

be remembered, also, that Magendie's experiment of the amputated limb has been repeated, without success, by Dr. Somerville, at Philadelphia; but we do not, therefore, doubt M. Magendie's accuracy, nor do we think that it ought to be questioned.

The experiment of Drs. Laurence and Coates we have mentioned as bearing directly on lymphatic absorption; and the pathological facts tending to the same point have also been noticed. The former has scarcely yet been long enough before the world to be explained away; the latter M. Magendie has evinced some ingenuity in attempting to render doubtful. We do not, however, think that he has succeeded.

There is a captiousness in the objections of M. Magendie,\* more allied to a desire of maintaining a favourite opinion, than the candour by which all physiological researches, if truth is to be their result, should be accompanied.

The explanation hitherto received, of œdema succeeding excision or disease of the axillary glands, does not satisfy him, because "the lymph is a fluid very different from cellular serosity; or may not the accumulation of this serosity depend upon other causes than the absorbent actions of the lymphatics, as, for instance, on the difficulty of circulation, or the course of the venous blood? And, again, effusion is not the constant attendant of disease or excision of the axillary glands."

The objection as to the nature of the lymph is readily answerable, for a change in its nature may be effected within the absorbent vessels; in which case, a difference between the effused fluid and the lymph would necessarily exist. It is true, also, that effusion may depend upon other causes. The experiments of Lower, who produced ascites by tying the ascending cava, demonstrates it; but the question is not whether effusion may not occur from other causes, but whether it does so in the case before us. The natural inference certainly is, that it does not; for though exceptions do occur, yet œdema is very nearly a constant sequence either of disease or excision of the axillary or inguinal glands. The exceptions, however, have a very material bearing upon another question, viz. whether the lymphatics are the only absorbing vessels; and to this the reasoning from them ought to be confined. No one denies that mortification has occurred from tying the principal blood-vessels of a limb, although this is an exception to a general rule. But the

\* *Mémoire sur les Organes de l'Absorption chez les Mammifères.* Par Magendie. *Journal de Physiologie*, Janvier 1821.

inference in such instances is, that the collateral channels have not been sufficiently dilated to compensate for the interception of the principal route. Similar ought to be the inference in the exceptions alluded to with respect to the absorbents, viz. that in the instances where affusion occurs the other absorbing powers have not proportionally increased in energy; where it does not occur, that they have. In the other objections of Magendie there is nothing worthy of notice, excepting that he calls for positive evidence where, from the very nature of the inquiry, probable only can be obtained. The arguments from the inflammation of absorbents, from their being filled with pus in the neighbourhood of abscesses, &c., he admits to be probable; it does not appear necessary to us to require more.

But though Dr. Hunter is certainly correct in the opinion that the lymphatics absorb, he cannot be considered as equally accurate in the remaining part of his doctrine. For, in truth, they are not the only absorbing vessels; and, if experiment is worth any thing, it has been proved that the veins absorb, at least with as much energy, if not more, than the lymphatics. In this, also, we shall first state the affirmative experiments, and afterwards the negative.

The early observations of Harvey and Swammerdam, with the experiments of Kaaw Boerhaave, have been already mentioned. Professor Meckel, of Berlin, injected the veins by coloured wax thrown into the cavities of the *vesiculæ seminales*; and Haller had seen, as he believed, a free communication from the veins to the pericardium and to the ventricles of the brain. It is, however, to the experiments of Magendie and Gmelin and Tiedeman, that we have more especially to look for the elucidation of this question. Having separated the limb of a dog, but preserving the circulation by means of a single artery and vein, Magendie inserted the upas poison into the foot of the animal, and it died as quickly as though the limb had had its natural connexions. He then carried the experiment farther, and separated the limb entirely, having first introduced two quills within an artery and vein, through which the circulation might be kept up, and then divided the vessels all round. The result was the same as in the former instance. Only one deduction, it is certain, can be drawn from these experiments. The poison must have acted through the medium of the venous circulation; but still it was not certain that, in common cases, an absorbing power belonged to these vessels, nor even that a communication might not exist between the lymphatics and veins of the limb. The experiments, however, of M. Gmelin and Tiedeman have, in our opinion, left

no room for question to any others than the most determined cavillers.

The experiments of these authors are decisive upon the points, that streaks of chyle have been seen in the blood of the vena portæ, and that both colouring and odoriferous substances have been detected in this vessel, the splenic and the mesenteric veins; the only question remaining, therefore, is, by what means have they been introduced?

With respect to the vena portæ, it seems quite clear, though denied by Haller, Mascagni, Cruikshank, Hewson, and others, that there is a communication through the mesenteric glands between this vessel and the lacteals. To verify this opinion, our experimentalists injected the lymphatic vessels of the intestinal canal of two dogs, a horse, a cow, and three human subjects, and in all the mercury passed with very little difficulty into the vena portæ and the mesenteric veins. The existence of such a connexion, then, sufficiently accounts for the striæ of chyle observed by Harvey, Swammerdam, &c., without the supposition of venous absorption. But since substances introduced into the alimentary canal were found in the mesenteric veins before their arrival at the mesenteric glands, it must follow, either that the venous radicles must possess an absorbing power, or that such substances must have been introduced through the lacteals. That they were not introduced through the lacteals seems clear, because, in a horse to whom indigo and camphor had been given, neither the lymph of the lacteals nor that of the thoracic duct gave the slightest trace; in another experiment, where musk and alcohol had been given, no indication was obtained in either vessels; nor, lastly, was either any appearance or odour observed in a third experiment in the chyle, where gamboge and turpentine had been exhibited; while, on the other hand, the blood of the mesenteric veins and the vena portæ “gave the scent of musk and camphor, and the serum was a greenish yellow, which most probably proceeded from the indigo.” As, therefore, these substances were found in the mesenteric veins, when no trace could be discovered of them in the lacteals, the inference seems almost unavoidable that the veins must be absorbents, especially as the blood of no other vessels in the body exhibited these peculiarities.

Professor Mayer, of Berne, has also corroborated these experiments. He states that he had performed above eighty experiments. They were principally directed to ascertain absorption from the lungs, which he found much more active than from the intestines; and he farther observed, “that it takes place by the pulmonary veins, for it has occurred in the space of three minutes: we find, in the blood, the fluids

injected before we perceive them in the chyle; we find them in the left auricle and ventricle of the heart long before we can see the least trace of them in the right auricle. Lastly, absorption is carried on even although we tie the thoracic duct." The experiments of Drs. Laurence and Coates, in America, are equally conclusive.

Against these experiments we know of nothing that can be stated, excepting the contrary experiments of John Hunter; but as these were negative merely, the same remarks are applicable to them as have been made respecting Magendie's and others' on lymphatic absorption. They go no farther than to prove the want of success in their institutor.

The first and most important deduction from what has been stated is, manifestly, that both veins and lymphatics are absorbents. Had the experiments of M. Gmelin and Tiedeman remained without repetition, we might have been induced to have proceeded somewhat farther, and have inferred that veins particularly absorb heterogeneous substances, and that the lacteals take up, more especially, nutritious matter. But as Drs. Laurence and Coates found the prussiate of potash, &c., in four minutes after its injection, and as the experiments of the former-mentioned physiologists were comparatively few upon which to found so important a doctrine, it does not appear to us safe to do more than infer the existence of both species of absorption.

The doctrine thus proved explains some phenomena in local dropsies which have always considerably perplexed us; and which we cannot forbear to mention, because it exhibits a striking instance of the light which physiological investigations may throw upon pathological obscurity. We have observed above upon the occurrence of dropsy in diseases of the axillary glands, and we have contended for its proceeding from diminished absorption, or, it might be said, obstructed absorption. It is, however, clear, that though effusion frequently proceeds very rapidly, the absorption of the fat is not less rapid, and that very often, perhaps always, it is more speedy than in health. Now, as in cases of excision of the glands, it appears quite clear that absorption must proceed very slowly, if at all, through the lymphatics, it was not easy to account for the quick emaciation of the limb. But when we acknowledge the veins as absorbents at the same time, this difficulty, in a very great degree, at least, vanishes, and we can at once understand how the radicle lymphatics may refuse to take up their usual quota, and yet emaciation may proceed from the veins more actively exerting their absorbent power; and it may not be impossible that they may be so constituted as to take up the fat in preference to what, under

such circumstance, may be considered an extraneous and foreign substance. The same doctrine, also, as we have above hinted, explains why dropsy does not always accompany excision or disease of the axillary and inguinal glands.

We have now concluded our account of the instruments of absorption, and, we trust, have given correctly the present state of our knowledge on this subject. Hereafter we intend to give a relation of the opinions which have been recorded regarding the *modus operandi* of the function, and more especially of those of Mascagni, Cruikshank, Prochaska, and Foderé.

## II.

*Cursory Observations on Preternatural Presentations, accompanied with a Case of unfrequent occurrence.* By R. BROWN, Esq., Preston, Member of the Royal College of Surgeons, &c., London.

It is correctly observed by Mr. Barlow, a gentleman of great practical experience, in his recently published volume of *Essays*:—"As the proximate cause of the adverse presentations of the child appear to be involved in much mystery, and we have no control over these mechanical and adventitious events, little advantage can accrue to the Accoucheur from any conjectural reasoning on the subject." Systematic obstetric writers have minutely enumerated the various kinds of preternatural presentations which are commonly met with in practice, and have commented, at some length, on the method of treatment most desirable to be pursued, both for the safety of the mother and her offspring, under such untoward circumstances. Any case, therefore, differing from those that their arrangements do not comprise, is left entirely to the management of the Practitioner to whom it may occur, and he will be necessitated to conduct the case upon such principles as will best serve for preserving the life and future comfort both of the parent and the child. In presentations of the upper extremities, the operation of turning has, except when nature frustrates art, by the occurrence of spontaneous evolution of the foetus, become an established axiom in practice, as being alone the most safe and eligible measure for expediting delivery. When the head, together with one or both arms, present, particularly in a well-formed pelvis, nature alone is commonly adequate to the task.

I have in more than one instance distinctly felt a hand



through the membranes in the absence of a pain; after the evacuation of the liquor amnii this has receded, the foetal head has advanced, and the labour has terminated in a natural and easy manner.

In presentations of the head, together with one or both of the inferior extremities, and these once entered the pelvis, an impediment arises, and art must be exercised to release the entangled foetus from its confined and awkward position. Instances of this last kind of presentation are rare, and my reading supplies me with only one circumstantially reported case; other cases may possibly be recorded, but I am ignorant of their existence: the one to which I allude occurred in the practice of Gifford;\* “the head lying high, with the umbilical vessels thrusting down below it on one side, and on the other one of the feet.” The practice pursued on this occasion was both judicious and successful, by pushing back the head, “which, not being any way engaged amongst the bones, easily gave way,” and allowed our prudent author to accomplish delivery by pulling at the presenting extremity: the child was dead — a circumstance which those conversant with preternatural presentations know to be frequent, and on many occasions unavoidable.

Mrs. Jane Jackson, aged thirty, small in stature, and of sanguine temperament. Has had one child before, at the birth of which I attended her; the labour was natural, and towards the end very quick. Was taken with pains of labour at nine P.M., September 30th. I was desired to visit her this morning at seven o'clock, October 1st, 1824. The pains being but trifling, I left her; was called again at four P.M. On examination, I found the os uteri fully dilated, the pains urgent; they did not, however, long continue so: from half-past four to twenty minutes after seven P.M., she had never a pain. The membranes being distended, at five I ruptured them, expecting uterine action to follow the discharge of the water, but in this I was disappointed; exercise in her apartment likewise failed to excite it; her spirits were good, and she joined in the amusements of her attendants. At ten minutes before seven I gave her an infusion of the ergot of rye, *vel secale cornutum*. At the period above stated she began to complain of slight uneasiness in the belly and back, but a very short time elapsed before the pain was not only urgent but incessant. After rupturing the membranes, I felt what I considered to be the right foot of the foetus, with several inches of the funis umbilicalis accompanying it, on

\* See “Cases in Midwifery, by William Gifford, Surgeon, &c., revised by Dr. E. Hody, F.R.S. 1734.” Case iii. page 6.

the pubic side of the superior outlet of the pelvis ; this I now endeavoured to bring down, which, with some difficulty, I succeeded in getting just without the os externum ; upon this foot I used considerable extractive force, almost to the separation of the ligamentous attachment of the malleoli from the subjacent bones, without producing any farther descent of the extremity. I could not sufficiently embrace the other foot, until I had passed the greater part of my left hand along the hollow of the sacrum to the prominence of this bone ; with great pulling during several pains I brought it down until the toes were just within the perineal portion of the vagina. Notwithstanding the employment of much extractive force in both feet, I was foiled in effecting a further descension of the foetus. On examining with more attention what I had been for some time regarding as the breech of the child, which, from its high situation near the superior aperture of the pelvis, led to the error, I now found to be the head, which was brought low down into the vagina. From the violence of the pains, and the impossibility of the foetus passing in this adverse position, and the pulsation of the cord having for some time ceased, I sent for my midwifery instruments for the purpose of performing the operation of cephalotomy ; but learning that Dr. St. Clare was in the neighbourhood, I desired him to see the patient : with his customary liberality and kindness, he speedily joined me, and, after an examination, entirely coincided in opinion with me in the propriety of resorting to instrumental aid. With great care I opened the head, and scooped out the brains by means of a spoon ; after which, by the employment of a very moderate degree of force with the feet, the whole of an ordinary-sized male child was delivered.

The tardiness of the parturient process at first, in this case, and the slow descent of the foetus into the pelvis, prevented me from discovering the malposition and the complicated nature of the presentation until too late to render it either feasible or safe to push back the head, and deliver by the feet. I was for some time in doubt whether the bulky part of the presentation was the breech or the head ; the compressed state of the head and its high situation in the pelvis prevented that nicety of distinction which it was desirable early to have made. After the exhibition of the inf. secal. cornut., the force of the pains was astonishingly great, and the head was propelled lower into the vagina, and readily recognised. Whether the practice adopted on this occasion was warrantable or not, I presume not to decide ; it was, however, the only plan which seemed to promise any success under the existing difficulties, and



enabled us to succour the mother by mutilating but not sacrificing the life of the child.

The recovery of the patient has been the most favourable.

December 2d, 1824.

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### III.

*Remarks on the Symptoms and Treatment of Meningitis in Children.* By JOHN DAVIES, Esq., Member of the Royal College of Surgeons, Member of the Philomathic Institution, &c.

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THIS disease has been usually called *acute hydrocephalus*; but there is no more reason for calling inflammation of the investing membranes of the brain by such a name, than there would be for calling that of the pleura *acute hydrothorax*, or that of the peritoneum *acute ascites*. Whether inflammation precedes effusion into the cavities of the brain in all instances, is a question which is not here intended to be discussed; but when a disease is known to be of one kind, it should not be called by a name which conveys ideas of diseases of a different kind. Inflammation of any of the serous membranes has a tendency to increase their secretions in a certain degree; but it is not very frequently that *acute* inflammation of them gives rise to that degree of effusion which might be termed dropsy. That kind of inflammation which precedes dropsical effusions differs considerably in its characters from acute peritonitis, acute pleuritis, or acute meningitis. The former is of a chronic kind, slow in its progress, and is unattended by that degree of pain which is one of the chief characteristics of the latter. There are very few instances where acute peritonitis produces ascites, and not many where pleuritis produces so much effusion of serous fluid into the cavity of the chest as to destroy the patient by its pressure. It is precisely the same with respect to the serous membranes of the brain. When the disease is acute, the arachnoid membrane is found thickened and covered with a layer of coagulated lymph; but in such cases there is frequently no more fluid found in the ventricles of the brain than we sometimes find in those cases where no symptoms of cerebral affection were manifest.

But the question is, how small a quantity of fluid in the cerebral cavities ought properly to be called hydrocephalus? I have frequently found from an ounce to an ounce and a half in subjects who had had no symptoms of cerebral affection; whereas in others, who had died of meningitis, I have

found as little as three drams. Very few morbid anatomists would consider an ounce of fluid to constitute hydrocephalus, yet in children who die of acute disease of the membranes of the brain *less* than this quantity is generally found. Inflammation of the cerebral investing membranes should therefore be considered as that of any other seat similarly modified; in one form or degree it will produce coagulable lymph, or sero-purulent matter, on the surface of the diseased membrane; and in another form or degree, it will produce an effusion of serous fluid, so as to constitute hydrocephalus. We find this to be the case in all the serous membranes. In those who die of acute peritonitis, the intestines, the parietes of the abdomen, &c., are found all glued together by coagulated lymph, and a quantity of the same kind of fluid is found in the peritoneal cavity; but in that chronic form of disease which produces ascites, the same appearances are seldom observable. The same is the case with respect to the pleura. The term *hydrocephalus*, then, should be confined to that chronic form of disease of the membranes of the brain which produces a gradual effusion of serous fluid into the cavities of the brain, or into the interstices between these membranes; and which is generally slow in its progress, and longer in duration than the disease which has been commonly called acute hydrocephalus.

Meningitis is a very common disease in children; and from inattention on the part of the parents, in not applying for assistance in time, and from the importance of the seat affected, it is often fatal in its effects. It requires a very extensive practice, as well as a great length of time, to form any correct inference of the proportionate number of deaths produced by it. No dependence whatever can be placed on the bills of mortality respecting this point, as very few of those who die are examined, and one disease is taken for another, not unfrequently, from merely attending to their symptoms during life. And there is another reason why no dependence can be placed on this register—a certificate from the medical attendant is never required respecting the nature of the disease of which the person died; and those who go round to see the body do not even make any inquiry respecting that point, but pronounce it to have been any thing which they themselves think proper to call. If a certificate from the medical attendant were required in every case of death, some estimate might be formed of the proportionate number of deaths from each disease, although this could not be very correct without examination. It would be better, however, to possess a little knowledge than to be quite ignorant.

It is very doubtful whether the substance of the brain is ever the seat of inflammation, or, indeed, whether it is even the seat of vessels. In some hundreds of cases which I had an opportunity of examining, I never could distinguish any inflammation of the brain itself. The vessels which pass through it are always very full of blood when the investing membranes are inflamed; but this is found to be the case in the vessels going into every part of the body undergoing the process of inflammation; for instance, in a common whitlow the radial artery of the side affected beats much more strongly than that of the opposite side. The cerebral arteries have also not the same degree of elastic power for emptying themselves after death as those of other parts; they are, consequently, found, in general, proportionably fuller than those of most of the other organs.

In every tissue we must suppose some substance to be ~~external~~ to the coats of the vessels. For, if we take under consideration a muscle, which is very amply supplied with blood, how minutely soever we may suppose vessels to ramify in it, there must still be fibres external to their coats. The secreting vessels will lay down fibrine at their mouths, and the absorbents will again take up the same from the approach of their orifices, although the substance of this fibrine, in the form of muscular fibre, may not be endowed with vessels. These vessels, as may be in a great degree demonstrated, only run in the cellular membrane connecting the fibres together. This is found to be the case so far as we have the evidence of the senses; we have therefore a right to infer, that the vessels follow the same rule in their very minutest ramifications. Their principal branches run between muscles; the divisions of these run between a certain number of fibres; their subdivisions run again between a fewer number of fibres, and so they continue to increase in minuteness, until, as we must infer, the smallest ramusculus becomes situated between two or more ultimate fibres. The same thing must obtain with respect to the coats of the vessels themselves, and with respect, also, to the characteristic structure of every tissue. The proportionate quantity of blood with which the tissue is supplied, can only be inferred from the colour of that tissue; or it may rather be said that the proportionate number of its vessels may be inferred from that appearance, because some parts give transmission to a very large quantity of blood, very little of which is expended in their nourishment. The muscles, perhaps, of the tissues which do not secrete, expend most blood in their nourishment: we infer this from their colour.

If the above inference be admitted as it regards muscular

fibres, it must be admitted also with respect to nervous fibres. The medullary fibres of the brain must be a secreted substance, produced by the vessels of the delicate membrane which envelopes each fibre; but there is no fact from which we can infer that the fibre itself is endowed with vessels. If, then, each fibre is destitute of vessels, all the fibres put together must be equally destitute; because the whole bulk of the fibrous medulla can only be considered as a collection of single fibres. Admitting this to be true, and admitting, also, that the quantity of blood expended in forming a part is in proportion to the redness of the colour of that part, (putting out of the question such an organ as the lungs, which only gives *transmission* to the blood,) it must follow that the quantity of blood expended in forming the medulla of the brain is not very great, in proportion to that which goes to form many other parts of the body. But as the quantity of the secreted substance is very great in proportion to the number of the vessels which secrete it, it must follow that the absorption of this substance is very slow, and that a complete renovation of it does not take place so often as that of other parts. That the absorbent vessels of the brain are not so numerous, or not so active, as those of other seats, is proved from the comparative length of time which they take in removing extravasated blood, or any other effused fluid.

Admitting the above inferences to be correct, it must necessarily follow that the medullary substance of the brain is not subject to inflammation; because a part which has no vessels cannot become inflamed. The membrane which invests, and which produces every fibre, may become the seat of inflammation, and consequently destroy or disorder the function of that fibre, inasmuch as its very existence depends upon this membrane. But as the medulla is a modified secretion, destined for the performance of a particular function, and, consequently, endowed with the principle of life for that performance, it may become the seat of disease independently of its investing membrane; but this disease will not be characterised by inflammation: it will manifest itself by symptoms connected only with the functions of sensation, thought, as well as with others dependent upon the centre of nerves.

The pia mater, or the membrane which forms the cerebral substance, must be considered as performing two offices, if it be true that it is a serous membrane. Its inner surface must be adapted for secreting brain, and its outer surface for secreting serum: but before it has these two offices attributed to it, there should be a stronger proof than at present exists, that one of its surfaces, in a healthy state, does secrete serum; for the cellular membrane, in a state of disease, pro-

duces an effusion of serous fluid, whereas, in its healthy state, it only secretes fat from one surface. The serum, in dropsical effusions, is thrown out from the surface opposite to that which secretes the fat; it consequently gravitates towards the lower limbs, whereas the fat is enveloped by distinct cells of membrane. The fat, although endowed with the principle of life, as forming a part of the body, is not supplied with vessels. It is true that it is *formed by* vessels, but these are the vessels of the membrane, from the surface of which the oily matter is thrown out. That the fat itself is not supplied with vessels is evident from its being often entirely absorbed. The cerebral substance may be considered to have the same relation with the cells of the pia mater as the fat has with those of the cellular membrane. Each is laid down by the discerning vessels of its respective membrane, and taken up again by the absorbents of this membrane. If this be the case, and the probability is that it is so, neither the fat nor the cerebral medulla can undergo the process of inflammation; but each may undergo that of disease, because the relation of the morbid principle may be with the substance already formed, and not with the vessels which formed it. But it must be considered that the intersections of the fat and of the cerebral medulla, by the cells of their respective membranes, are very numerous; the vessels, then, when undergoing the inflammatory process, will render the colour of the part somewhat redder than usual: but this appearance is produced by the dilation of the small vessels of the investing membranes, and not from any vessels in the fat, or cerebral medulla itself. This may be proved by sections of either, when the vessels are much loaded with blood.

It would appear, then, that nervous matter cannot become the seat of inflammation; but that inflammation may, and often does, take place in the neurilema, or processes of pia mater, from which this matter is secreted. The nervous substance, however, being endowed with life, under a particular state of modification, is subject to disease, which will become manifest by symptoms connected with the functions of the nerves and their centre.

This view of the subject will account for many phenomena connected with disease, which can never be accounted for upon the principle that inflammation constitutes every disease. In some of the most violent diseases, such as hydrophobia, epilepsy, tetanus, some cases of mania, and some cases of fever, there is not a trace of inflammation to be discovered in any part of the body after death. From such a disease as inflammation, whose characters are so evident to

the senses, one ought to expect to find some traces of it after death, if it existed during life; but in many *post mortem* examinations, the most minute dissection will not bring into view the effects of the disease of which the individual died.

It is doubtful, as has been already mentioned, whether the pia mater is a serous membrane or not; and whether the serous exhalation is not thrown out by the arachnoid membrane alone. The latter membrane possesses all the characters of a serous tissue, both in health and in disease. In meningitis it always becomes thickened, and throws out lymph, which coagulates on its surface, exhibiting a gelatinous appearance; whereas the surface of the pia mater very seldom, so far as I have had an opportunity of observing, presents the same appearances. The vessels of the latter membrane are always full, and ramify very minutely over the surface of the brain; but the coagulated lymph, and the small quantity of matter which is sometimes found on its surface, do not adhere so much to it as they do to the arachnoid, which would induce us to believe that they *generally* are produced by the latter membrane. But that the vessels of the pia mater, when in a state of disease, throw out serous fluid, no one will deny. The cellular membrane, as has been already observed, will produce the same effect, so as to give rise to anasarca.

Inflammation of the membranes of the brain is much more common in children than in grown people. This is generally accounted for upon the principle of determination of blood: but this doctrine will not account for the origin of the disease, for something must precede the determination of blood to the head. It is true that the brain, especially in children, receives more blood, in proportion to its size, than any other part; but, under ordinary circumstances, which may be called a state of health, this large quantity does not produce any bad effects. It is only that quantity which the brain ought to receive, or the quantity which is natural to the brain. The spleen is very amply supplied with blood, and so are the lungs; but these organs are not more subject to inflammation than the peritoneum and pleura, which receive but very little blood in proportion. Even if an organ received one-third of the blood in the body, if that be its natural proportion, we cannot consider it more liable to disease than another organ which may receive only one-twentieth part. Facts do not prove that the organs which receive most blood are those which are most subject to inflammation. The brain, in the adult state, receives a very large proportion of blood, yet it is, perhaps, the organ which is most seldom diseased. Even meningitis itself, in children, proves that the



parts which receive most blood are not those which are most prone to inflammation; for the membrane which suffers most from the disease is the arachnoid, which, from its transparency and delicate texture in a healthy state, cannot be supposed to receive much blood; but as that quantity which supplies it in health is its natural proportion, any additional supply would be disease to it: but as the heart propels the blood in even proportions to every part, according to its texture, or according to its capacity for this fluid, some derangement, which may now be called irritation, must take place in a particular seat before it can receive more blood than its due share.

It is a law of organic life, that when any part of the body is acted upon by a cause more powerful than that which constitutes its natural stimulus, or more powerful than those with which it bears its healthy alliances, that part of the body will attract more than its due share of blood; but the irritation, in all instances, must precede the determination or attraction to a particular seat. This is proved by every fact connected with the phenomena of life. The action of the cause produces derangement or irritation, an immediate consequence of which, in tissues supplied with vessels, is an increased supply of blood.

We must then seek for some cause, in children, for the production of meningitis, more than the naturally large supply of blood which the brain receives. This cause must consist in something capable of producing irritation in the seat, which consequently becomes diseased. This irritation may be the result of either physical or moral causes. At the time at which children are most subject to the disease, there is a concurrence of causes, both physical and moral. The disease generally occurs about the age at which children are weaned, which is between the eighth month and the end of the second year of their age. The two principal causes at this period are teething and change of diet. The former is, perhaps, the more frequent cause of the disease, from the contiguity of the seat of pain to the brain. But every one must have noticed that a disorder of the bowels, from improper food, often immediately precedes attacks of encephalic affections. The disease is also frequently consequent on pneumonia or pleuritis. A child who, at present, has meningitis, had first an attack of pneumonia. As soon as he recovered of this, enteritis came on; of which he had not been recovering three days before the head became affected. It very seldom happens that a child of the age above mentioned is attacked with an acute disease of any local seat, where the membranes of the brain do not, before long, partake of the affection. This I have found to be the case in

very many instances, from examining after death, in cases where there were no symptoms to indicate encephalic affection during life. There must, consequently, be a great degree of susceptibility in the heads of children at this age to become subject to disease.

Eruptive diseases are also very frequent causes of meningitis. In the winter of 1823 and the spring of this year, when the measles were very prevalent and fatal, a very great proportion of those who recovered of that disease had, in a week or a fortnight after, an attack of inflammation of the cerebral membranes. It was remarked in all these cases, that as soon as the head became affected the cough and difficulty of breathing returned. The morbid appearances in all were very nearly the same — pus in the substance of the lungs; a little fluid in the cavities of the pleuræ; the arachnoid very much thickened; a little fluid between it and the pia mater; and fluid in the cavities of the brain to the amount of between three drams to an ounce and a half. From the low state to which children were reduced by the measles, the cerebral affection was much more uncontrollable in these cases than where it arises from abdominal irritation, from dentition, or from any cause which does not previously reduce the patient very materially.

At the age of childhood there are moral causes which tend to increase the susceptibility of the brain and its membranes to disease. The organs of sense are active in the pursuit of external objects, and the brain itself is active in comprehending and arranging the ideas produced by these objects. The latter organ undergoes a rapid development, which renders it very susceptible to every impression produced upon it. It is more sensible to pleasure and to pain than at any subsequent period. These causes, in addition to the physical ones which have been already mentioned, will, in a great degree, account for the frequency of the occurrence of encephalic disease in children. There are others which add to that effect, but which, at present, would occupy too much space to inquire into.

*Symptoms.* — There are symptoms common to many diseases, but each disease has, in general, some symptoms peculiar to itself; but these are frequently very equivocal, especially in children. Many of the most leading symptoms which are generally allowed to be indicative of the disease under present consideration, are frequently absent, or they are present one hour and absent the very next. Thus, in one case, the child will have frequent fits of convulsion; his fists will be clenched; the pupil of the eye will be permanently contracted; grinding of the teeth and frequent screamings will be observed: whereas, in other cases, where the morbid



appearances after death are quite as great, none of these symptoms occur, or, if they do, it is in a very low degree. All the above symptoms, contraction of the pupil excepted, frequently arise from irritation of the bowels, from teething, and from other affections attended with violent pain.

Very little dependence can be placed on the state of the pupil in this disease, whether we regard it as an indication of the *existence* of the disease, or as that of its *different stages*. It is sometimes quite sensible to light till within a few hours of the child's death ; whereas, at other times it is insensibly contracted one hour, and quite sensible in an hour or two after. I noticed it in a child of ten months old, in whom the disease lasted only three days from beginning to end, to be quite sensible to within an hour of its death. In this case there was about an ounce and a half of fluid found in the brain.

Clenching of the fists, or a contraction of the thumb towards the palm of the hand, are also often considered as symptoms peculiar to this disease. That these symptoms are frequently present in meningitis, cannot be doubted ; but they cannot be considered as peculiar to this disease alone. We should not be justified in resorting to those vigorous remedies which are necessary for the subduction of acute meningitis, unless we could discover other symptoms to guide our diagnosis than those of clenching of the fist and contraction of the thumb. About three months ago, I noticed these symptoms very decidedly in a case of inflammation of the mucous membrane of the bowels, attended with diarrhoea and a slight discharge of blood ; but this case recovered under the use of chalk mixture, with aromatic confection, and a few small doses of calomel. The child had also occasional fits of convulsion, rattling in the throat, startings in his sleep, &c. ; but as there was no particular heat about the heart, and no *wrinkling of the brows*, which I have noticed invariably to exist in affections of the brain in children, and as the nature of the disease was easily understood from the state of the bowels and of the alvine evacuations, the disease could not have been mistaken for cerebral affection. These symptoms can be regarded only as those of excruciating pain in some part of the system ; but it does not follow, when other symptoms are absent, that the seat of the disease is in the brain.

Children will sometimes die in a fit of convulsion, where not the slightest appearance of disease can be discovered in the head after death. A few months ago, a child of ten or eleven months old, in perfect health, was taken in a convulsive fit, and died in a few minutes. In less than fifteen

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minutes from the first attack, he was placed in a warm bath, and the lungs were inflated for a full hour, but without success. In examining the body about twenty-four hours after death, no appearance of disease could be found in any part. The vessels of the brain contained rather a less quantity of blood than what is usually found to be the case in the examination of children of that age. It is probable that the cause of death in this instance was a spasm of the heart; for there is reason to infer, especially as no other cause could be discovered, that this organ partook of the general affection of the muscular system.

Meningitis may be divided into two stages; but it is difficult, in some cases, to draw a distinct line between these two. In general, a fit of convulsion and screaming intervenes between the one and the other; but in some instances these symptoms are present nearly from the commencement of the attack. The most common symptoms, at first, are pyrexia; increased sensibility of the organs of sense; the child cries, and turns its face against the breast of the person who holds it, when brought into a glaring light; it cries, also, and is very peevish when the skin is touched, or when any sudden noise is made in the room; the eye-lids are kept half-closed; *there is a peculiar frowning, or knitting of the eye-brows*; the pupil of the eye is contracted in different degrees, sometimes very much, at other times scarcely any; the eyes are drawn upwards frequently, so as to hide the pupil under the upper lid; the head appears heavy, and seems to hang back and move from side to side; very great heat about the top of the head often when the body feels cold; the tongue and mouth are red and dry; great thirst; the child is exceedingly peevish altogether; it often screams violently; it starts frequently in its sleep, especially when any sudden noise is occasioned in the room; the pulse is hard and quick, beating from 120 to 150, or sometimes more, in a minute, but there is no sensation of fulness produced by the stroke; the breathing is a little difficult, attended now and then by a sort of crowing noise in the throat; the child draws in air into the lungs, and expels it again by a sort of double expiration; there seems as if there were two expirations, one immediately following the other, for every inspiration; the fist is sometimes clenched, but this is not very often the case at the commencement of the disease; the child is now and then a little convulsed; grinding of the teeth during sleep, when a good many have passed through the gums; the bowels vary considerably — generally they are rather inactive, with green stools, but I have noticed them in some instances to be regular, and the stools of a yellow colour before the adminis-

tration of calomel; the child appears to be sore all over, and is very sensible to every impression.

Many of the above symptoms are common to other diseases, and many of them vary considerably in different instances of the disease under consideration; but taken altogether, they represent a tolerably good picture of the malady, as far as I have had an opportunity of observing, and of confirming its nature, after death. The most constant symptoms, and those by which the disease is more particularly characterised, are, very great peevishness, a peculiar wrinkling of the brows, which cannot well be described, but which, when once seen, cannot be mistaken, great sensibility of the external senses, drawing up of the eyes under the upper lid, and the apparent heaviness of the head.

I particularly noticed the knitting of the brows, already mentioned, not many months ago, in a grown female, who had also a violent pain in the head, amounting almost to a delirium. The pain extended down along the course of the spine as far as the sacrum. There was great soreness produced in drawing the finger along the spinous processes of the vertebræ. By the application of leeches to the temples, and all along the course of the spine, and the administration of a few pretty large doses of calomel and opium, she soon recovered. There was not much doubt of the membranes of the brain and spinal marrow being affected in this case: but, whether the above-mentioned symptom may be considered as indicative of inflammation of one membrane in particular, is difficult to decide; because, although the arachnoid is generally found more disorganised than the pia mater, in children who have died of meningitis, yet the vessels of the latter membrane are always very full of blood, and the membrane itself is not unfrequently found a little thickened.

The symptoms already described continue for an uncertain period, sometimes for no more than two or three days; but at other times for a week, nine days, or a fortnight, increasing in violence when allowed to take their course; and they are ultimately superseded by others of a different character. The child, from being peevish and very sensible to every impression, falls into a state of stupor; its limbs hang down quite motionless; it is frequently convulsed; the hands and feet become contracted; the body feels colder than before; the eyes appear sunk, and drawn upwards and inwards; the pupil is generally dilated, but I have noticed it in some instances quite moveable on the application of light; in some cases it was noticed to be insensible at one time, and perfectly sensible in an hour or two after; the pulse is now

scarcely perceptible ; the head appears as if too heavy to be moved ; the stools are forced away during the convulsions, in a fit of which the child generally dies.

The transition from one stage of the disease into the other is, in general, accompanied by a fit of convulsion and violent screaming ; but now and then the first stage runs insensibly into the second.

The symptoms of the last stage vary very considerably in different cases. I have seen children, after manifesting all the symptoms just described, become comparatively lively and take their food for a day or so, and then taken off suddenly in a convulsive fit. In these cases, the same appearances presented themselves in the brain. In other cases, there was observed a mixture of the symptoms belonging to both stages, almost from the beginning to the end of the disease. The child would appear at one time quite stupid and convulsed, and at another fretful and peevish.

The symptoms described as belonging to the last stage of the disease have always been considered as indicative of the effusion of fluid into the cavities of the brain ; but however presumptuous it may be considered in me to differ from many high authorities, yet it is the duty of every one to state facts which he himself has observed ; and he ought to be, as he always is by those who are lovers of science and of free inquiry after truth, allowed to form his opinions upon ~~these~~ facts. Those who maintain that the symptoms manifested in the last stage of meningitis are those of effusion of fluid into the ventricles of the brain or between the membranes, can prove the point no farther than that effusion existed in all the cases which they examined, and in which such symptoms were manifest during life. There might be other cases which did not fall to their lot to examine, and in which no fluid, at least not sufficient fluid to account for the symptoms before death, could be discovered. Attention to the progress of the disease, and to the sudden transition, in general, from one stage into the other, would not lead us to suppose that the symptoms in the last stage are occasioned by the pressure of fluid : for we cannot suppose fluid to be thrown out, in the course of a few minutes, in sufficient quantity to produce such a pressure as to give rise to such symptoms. If it is so, how is it that the effusion does not go on in the same proportion, so as to increase the degree of pressure, and, consequently, augment the violence of the symptoms till life is destroyed ? whereas we find, in many instances, the child becoming more lively and sensible after some hours, and having several relapses of convulsions, followed each time by stupor and insensibility. In these cases we shall, perhaps,



find no more than half an ounce of fluid in the brain after death ; and in many of those who had continued in a state of stupor from the commencement of the second stage till death, we often find no more, and sometimes less, than this quantity : whereas, in others, who had scarcely any stupor at all, we frequently find an ounce and a half or two ounces, and sometimes more, of fluid in the brain. In some scores of cases which I have had an opportunity of examining at different times, I never could observe any proportion between the quantity of fluid found after death, and the degree of stupor, convulsion, and other symptoms present before death. It is true that a little fluid was present in every case ; but we very seldom examine a brain without finding fluid, whether the person died of cerebral affection or not. There is much reason to believe that a great part of the fluid found in the ventricles, as well as between the membranes, in these cases, had been exuded through the coats of the vessels after death. When the vessels are so full of blood as we always find them in meningitis, it is not unreasonable to suppose that some of the serum becomes transuded.

It is by no means improbable that the symptoms which are usually considered as indicative of effusion of fluid, are dependent upon an affection of the brain of a different kind. They may arise from cerebral irritation, the immediate cause of which is not yet understood. They are analogous to those of epilepsy, hysteria, tetanus, &c. The symptoms of different stages are different in most diseases ; hence, shivering fits at the commencement of suppuration, hiccup at the commencement of mortification. Stupor is the only symptom which would lead us to suppose that those of the second stage proceed from pressure ; but we should remember that the stupor is not constant. The child one hour is torpid, and another sensible. The state of the pupil also varies considerably in different cases. If, again, we consider convulsions, they are symptoms quite opposed to those of pressure. There are generally no spasms in apoplexy, nor are there any in depressions of the bone : but we find them present in epilepsy, tetanus, hydrophobia, &c., where no cause of pressure can generally be discovered after death. The irritation of the disease in meningeal inflammation will account for the symptoms, independently of pressure.

It is not intended to deny that pressure may exist in some instances ; but that the train of symptoms manifested in the second stage of the disease does not, in general, proceed from the pressure of fluid, is very probable, because there is scarcely any fluid found in the brain after death in many cases, and there is seldom or never any proportion between

the quantity of fluid found and the violence of the symptoms previous to death.

Separation of the bones of the skull is not a very common occurrence in this disease. Before this takes place, the disease assumes a chronic form, and degenerates into hydrocephalus. In most instances, the child either recovers or dies before it assumes the chronic character. The apparent enlargement of the head, which is often very deceptive, unless the sutures are examined, depends upon the wasting or sinking of the body, and upon a want of power in the muscles of the neck to hold the head up, which makes it appear heavy, like a ball of lead moving from side to side. A separation of the bones, however, takes place sometimes, to a certain extent, even when the course of the disease has been short.

The dura mater is not very often found diseased in meningitis; but I have seen one instance where it was very much inflamed all over one side. The inflammation had extended through the bone, which was quite red, soft, and spongy, to the pericranium. The latter membrane was separated from the bone. I thought, at the time, that this affection was brought on by the calomel which the child had taken; but I have never witnessed the same effect produced by it since, nor had I witnessed it ever before that time. This child had no great stupor or convulsion, yet the arachnoid coat was very much thickened with fluid between it and the pia mater. There were also about two ounces of fluid in the ventricles of the brain.

One thing may be noticed connected with the examination of the brain of children after death, although it must be known to many, which is, that whenever children die from lingering diseases which have caused great debility, the arteries of the pia mater will be found loaded with blood, and their small branches will be found ramifying so minutely as to present all the appearance of inflammation. This appearance will often present itself in cases where, from the nature of the symptoms before death, there was not the slightest reason for suspecting any disease of the head; it cannot, therefore, be considered inflammation. It is, perhaps, in some degree, a consequence of want of elasticity in the coats of the arteries of the brain.

The part of the arachnoid which is generally most diseased, is that which covers the top and posterior parts of the hemispheres.

*Treatment.*—In the treatment of this disease, great attention is required to be paid to the state of the system. The disease frequently comes on after severe attacks of eruptive



fevers, when there is already scarcely enough blood in the body to support the action of life. In these cases, it will be found necessary to support the system by small doses of cordials, frequently repeated, while other remedies are employed for subduing the disease. But we shall consider, in the first place, the treatment which has hitherto been found most successful in cases where the attack came on from dentition, cold, alvine irritation, or when the child had not been reduced by previous diseases. If any exciting cause by which the disease is kept up or aggravated can be discovered, it should, of course, be removed as soon as possible. The gums should be lanced if any teeth are about coming out, and any irritation of the bowels should be allayed when present.

One would not be justified in trusting to one remedy in any violent disease, unless it has been found, by long experience, to be an infallible specific for that disease; and, even then, if other remedies, although not so decided in their effects, should be found to assist in subduing the disease, their application should not be neglected.

I have for many years noticed that the antiphlogistic plan of treatment alone, which consists of bleeding, purging, and diaphoretics, had an equivocal effect upon inflammation, especially that of serous and mucous membranes. There is some specific action going forward in the seat of disease, which determines more blood to that part than its due share, however so much is taken away from the system. This is proved to be the case in every instance when the body is examined after death from acute inflammation, and where the antiphlogistic plan of treatment has been carried as far as it possibly could have been carried. Every part of the body will be found quite pale and bloodless except the seat of the disease, whose vessels are always as full as they can hold. By reducing the quantity of blood in the system, the general strength is also reduced, although not always in the same proportion; but the system requires a certain degree of strength to resist the action of the disease; and when reduced below that degree, the disease, however acute, will gain rather than lose ground. There are innumerable facts to prove this to be the case. In cases of peritonitis, where bleeding and purging have been carried to a very great extent without relieving the pain, and where the patient is nearly exhausted, a few doses of spirits of ammonia and laudanum, in camphor mixture, will produce a very sudden and decided good effect. I have seen many cases of this sort: but such remedies, without previous bleeding, would only aggravate the disease. These effects tend to prove that

bleeding to a certain extent is useful in acute inflammations; but if carried beyond that extent, the system, or the seat affected, requires a restoration of stimulus before it can throw off the disease. Bleeding has a very powerful effect in relieving the pain for a period, but it will generally return again after a few hours, unless other remedies be applied in the mean time. A repetition of the bleeding will repeat the relief every time; but the period of ease will generally become shorter after every operation.

The above remarks will apply equally to inflammation of the membranes of the brain. When bleeding is carried very far, symptoms similar to those which characterise the second stage will often come on very soon: but moderate bleeding, in most cases, where the system is in any degree plethoric, will assist considerably in subduing the disease. I have seen eight ounces of blood taken away from the arm of a child of a year and a half old, besides four ounces more by cupping, with very good effect. This child was very stout and fat. In a few hours the symptoms returned with great violence, attended with frequent fits of convulsion. He took three grains of calomel every three hours, for six days, and had, besides, half a dram of strong mercurial ointment rubbed in the arms three times a day during that time, which did not affect the gums in the least degree; but the disease was entirely subdued, and the child afterwards recovered his strength very rapidly.

Bleeding with leeches will be found to answer better in this disease than general bleeding from the arm; for a sufficient quantity of blood may be taken away at any time by the application of from four to twelve leeches to the temples, and by applying a warm bread poultice over the bites afterwards, in order to promote the discharge.

After the application of leeches to the temples of children, it is necessary to be cautious that the bleeding is not allowed to go on too far.

About two months ago, I saw a case where the child bled to death, from the application of *only one leech*, owing to inattention on the part of the attendants. In examining the part after death, it was found that it had been bitten into the anterior branch of the temporal artery, through the coats of which there was an oval opening, of about a line in length. Every part of the body was nearly colourless, except the brain, whose vessels were quite full of blood. This was an incipient case of meningitis. When there is much determination of blood towards the head, as is the case in inflammation of the meninges, leeches will sometimes bring on a very profuse flow of blood, even when no principal branch of the

artery is laid open ; some attention is therefore necessary to be paid lest the bleeding should go on too far.

The application of leeches should always be resorted to, unless there be great debility present ; but in cases of meningitis following eruptive disease, or following a violent attack, or repeated attacks, of inflammation of other parts, where the bleeding shall have been carried already as far as the patient could well bear, the application of leeches to the temples will rather aggravate than mitigate the disease. The child will be brought so low as to require the administration of stimulants ; or, perhaps, so low that nothing can keep up the action of life.

There is always very great heat of the scalp. It is necessary to keep an evaporating lotion constantly to the head. The hair should be shaved first quite close. A solution of muriate of ammonia in water, with the addition of a little vinegar, is perhaps as good a lotion as can be used. Two pieces of linen rags should be sewn into the form of caps, and constantly used alternately, dipped in the cold lotion. When the cloth is doubled or trebled, as it is sometimes used in applying lotions, the heat is in a great measure confined, in consequence of there being no free evaporation from the surface of the skin.

The effect of the warm bath on children is very equivocal. Sometimes it gives great relief ; whereas, at other times, it increases the violence of the symptoms. It should not be used when the skin is hot, and when there are much febrile symptoms : but, when the skin is cold and pale, as is frequently the case, and when the pulse is weak and tremulous, the warm bath has been found of great service.

After leeching, I have invariably applied a large blister to the back, and kept up a continual discharge from the part by the *ceratum lytta*.

The depleting plan should be carried all at once to the fullest extent which the child can bear ; for if any good is expected from the bleeding, the benefit will be derived from its being used at the very commencement of the disease, and at once to the extent it is intended to be carried. The quantity, of course, must be regulated according to circumstances.

I do not remember of one instance where bleeding, purging, antimonials, and blisters, have succeeded in curing this disease. They have been tried over and over again, but with no ultimately good effect. They at first moderate the violence of the febrile symptoms ; but the child soon becomes so much reduced, and the disease creeps on, manifesting symptoms of the second stage, as, at last, to terminate fatally. The vessels of the brain, after death, are found quite full of

blood, but every other part appears as if the child had been bled to death.

Calomel is the only internal remedy which has been found to produce any decided impression upon the disease. It is astonishing what a quantity of mercury children will bear without producing any effects on the gums. I have frequently given calomel to the amount of half a dram a day, for five or six days, but I am not aware of having ever found it affect the mouth decidedly in meningitis. When the tongue and mouth are red and dry, as is generally the case in meningeal inflammation, the administration of the medicine will bring on a little moisture in a few days; but although the mercury be still continued, no decided salivation will be produced.

It may be allowable to mention here that mercury will, in an instance now and then, produce very unpleasant effects on the system, even when given in very small quantity: but there must be a very great peculiarity of constitution before this can happen. Two children, one about three years old, and the other about a year and a half, who were brothers, had three grains each of calomel, to be taken at bed-time, which was to be repeated the following night. It was given with jalap, for a purge. After the second dose, there came on a violent salivation in both. Every tooth which the elder had in his mouth dropt out, the under lip sloughed, and he died in two days from the commencement of the salivation. Two or three of the teeth of the younger came away. He lingered on for about a fortnight, but died ultimately. These children appeared very unhealthy before. They had excoriation about the ears and face; and their constitutions altogether exhibited a kind of putrid tendency. Instances of this kind are very rare, and should never deter any one from using such a valuable remedy when it is considered necessary. These were the only two cases with which I ever met in children, where mercury produced any decided salivation. They took only six grains each of calomel.

Before the calomel can produce any impression on meningeal inflammation, it must be given in large doses, and repeated every two or three hours. Some allowance may be made for different ages; but a child of a year old may take four or five grains of the medicine every three hours until the symptoms abate. There is at present a child under treatment, who, within the last three days, has taken two drams of calomel and three grains of opium. He is only sixteen months old. The mouth is now beginning to get moist, and the symptoms have considerably improved within the last twenty-four hours. The child is of a scrofulous habit: he

has at present a very considerable curvature of the spine. He was first attacked with inflammation of the lungs, then of the bowels, and lastly of the head, in a regular succession. He had convulsive fits, squinting, and constant screaming from nearly the very beginning of the encephalic attack. It is the first case of meningitis in a child where I have used opium in combination with calomel. The incessant screaming of the little patient was the inducement for its being prescribed. He had not taken more than two doses, of one-eighth of a grain each, before he was more composed, and he fell into a comfortable sleep, which lasted a good many hours. For the last three days he has been taking five grains of calomel (ʒij. a day) and one-eighth of a grain of opium, every three hours; a blister on the back was kept open, and the head kept constantly cold with a lotion. The disease is now considerably subdued, and the child is sensible at times; but it is difficult to prognosticate how the case may ultimately terminate.

It would take up too much room to relate in detail the treatment of any particular case; otherwise several, which happened as lately as within the last six months, and where the calomel, aided by the previous application of leeches to the temples in some cases, and a cold lotion to the head, and a blister to the back, *in all*, succeeded in entirely removing the disease. One child, of ten months old, took from four to six grains of calomel every three hours for nine days. The mouth was not affected at last, but the child got perfectly well, as it is now quite stout and healthy. This was a very obstinate case, and nothing but the most resolute perseverance, and the greatest confidence, in the use of the medicine, could have saved it. It had been ill for several days before I saw it. The head was kept constantly wet with muriate of ammonia lotion. When this was first applied to the head, the rag got dry, and required changing, every eight or ten minutes, from the intensity of heat in the scalp; whereas, after six or seven days, it kept damp for two or three hours.

Another case immediately succeeded the above, but not so formidable in its characters. By the application of leeches, lotion, and by a determined perseverance in the use of calomel, the child was out of danger in five days. The leech-bites bled very profusely in this case, so that it was found necessary to administer frequently small doses of cordial between those of the mercury. In the last stage of the disease, or even in the first stage, where the disease immediately follows eruptive fevers, or inflammation of other seats, and where bleeding, &c., have been already carried far, for the removal of that inflammation, it will be found necessary

to give small doses of stimulants, otherwise the system will have no power to rid itself of the disease. I have noticed this to be the case in several instances; and where the bodies were examined after death, there was scarcely any blood found in any part but the brain. The child should also take a little arrow-root and milk frequently.

The plan of treatment above mentioned has been found very successful in meningeal inflammation, unaccompanied with disease of any other part; but it must be confessed that it very seldom succeeded where the disease followed the measles or any other epidemic affection. In every case which succeeded the measles, the lungs were found diseased. Matter could be squeezed out of their substance, and fluid existed in the cavities of the pleuræ. But the children had evidently died of meningitis, for the lungs were never so far disorganised as to render them unfit for performing their functions. If the encephalic disease could have been cured, it is very probable that that of the lungs would have got well.

In reflecting on the cases which came on after the measles, I have reason to believe, that if the calomel had been carried farther, and if the system had been well supported by cordials, and a little nourishing diet frequently, it would have proved more successful. When no calomel was given, the disease went on very rapidly; but when the mercury was pretty resolutely persisted in, the child always seemed to be benefited by it. The plan of treatment appeared to me then very formidable when carried very far; but by gaining additional courage from observing its effects when carried a little farther in every case, I have been led to place great confidence in its safety, as well as in its success. Children will take a considerable quantity of calomel without receiving any bad effects from it. It is difficult to account why that should be the case, for it does not appear to act at all on the bowels. The child who takes two scruples a day, at present, has only one stool, or, at most, two stools in the four-and-twenty hours. I have noticed this to be the case where no opium was combined with it, so long as the disease continued active; but when the inflammation was subdued, the medicine was observed to act more powerfully on the bowels.

In some cases where the march of the disease is very rapid, it will be found necessary to rub in some mercurial ointment to assist the calomel; for the sooner the system is brought under the influence of the remedy, the sooner will the inflammation be subdued.

When there is reason to suspect effusion to have taken place in the cavities of the brain, or between the membranes, the calomel may be combined with squills; but the power of



the system must be, at the same time, supported by mild nourishing diet, and by diffusive stimulants. From the appearances of many bodies after death, where the antiphlogistic plan of treatment had been vigorously persisted in for a length of time, without allowing the patients any nourishment at the same time, there is reason to infer that they not unfrequently have died of inanition; for scarcely any blood was often found, except in the part which was inflamed. Bleeding, when carried too far, is as injurious as, and even more so than, when no blood is taken away at all. When carried to a certain extent, it will render the disease more manageable; but, when persisted in beyond that, the disease becomes more intractable.

The remedies proposed for the cure of meningeal inflammation will perhaps appear very formidable; and it may be considered rash in any one for making use of them. It would, truly, be very great rashness, to apply them without some great object in view; but when no other remedies have been found capable of subduing the violence of a disease, it becomes our duty to disregard all prejudice, and use those means which experience has proved to possess some influence over that disease. The remedy proposed will be found perfectly safe in the hands of any one who has a knowledge of the laws of disease, and who will pay due attention to its effects on the system. The patient should be seen regularly two or three times in the course of the day, and the mouth and gums should be minutely examined every time. But, although I have seen from half a dram of calomel to two scruples taken every day by children for five or six days successively, yet I have never noticed the gums to become decidedly affected in any one case, excepting the two already mentioned: it is necessary, however, to be upon our guard in every instance, lest such an occurrence should happen. In every case which I have witnessed where the children have recovered, they soon gained strength, and became stout and fat after the calomel was left off; whereas, in general, where inflammation is subdued by enormous bleeding and purging, the constitution becomes shattered, and predisposed to various chronic diseases.

It would be unpardonable in any one to use violent remedies for diseases which might be subdued by milder means; we should, therefore, be certain that we do not mistake the characters of the disorder with which we have to contend. We must remember that there are several symptoms common to many diseases; for irritation of the bowels will, now and then, produce convulsions, and many other symptoms common to meningeal inflammation. But the symptoms must be all taken together before a conclusion is formed respecting the nature of the disease. He who has seen a few cases o-



meningeal inflammation cannot well mistake it; for, although it manifests many symptoms in common with various other disorders, yet there is something so peculiar in the expression of the countenance in this, which never occurs in other affections. But as the symptoms have been already commented upon, it is unnecessary to recur to that subject again.

In an essay like the present, only a few of the leading points of the disease can be noticed; there are several other minor points to be attended to, which may arise from circumstances connected with every case. What has been advanced is the result of experience in some scores, and, it may be said, hundreds of cases. The greater number of those which terminated fatally were examined after death, and every appearance was compared with the symptoms during life. The antiphlogistic plan of treatment was at first tried to its fullest extent, but with no good effect. Calomel, in moderate doses, was also tried, and the effect of that was very equivocal; but, since it has been *more freely* administered, the results have been far more favourable. For the sake of safety, it is necessary to keep a strict watch over the patient while the mercury is being taken, and its quantity must be regulated according to its effects. When this is done, it can produce no mischievous consequences in one case out of a thousand, either in children or in grown persons. The mischief from mercury results only when its use is persisted in after the gums have become sore: it perhaps ought never to be an object to produce a profuse salivation. When a little mercury will affect the system, a little is enough to cure the disease, if that disease be curable by mercury. Children generally require much to produce that effect: much must therefore be given, if any good be expected from it; but it must be strictly watched, and discontinued as soon as the desired effect is produced.

Tottenham Court Road, Dec. 6, 1824.

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#### IV.

*Case of Bronchocele treated by Iodine.* By JOHN CHARLES LITCHFIELD, M.R.C.S., and of the Medical Society of London.

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A YOUNG lady, aged nineteen, consulted me, in the month of June last, for a bronchocele which was about the size of a duck's egg. The left lobe of the thyroid gland was much larger than the right; it felt rather hard, and was circumscribed. She had repeatedly applied for medical advice; but, as she had derived no benefit, and medicine proving, as she thought, injurious to her general health, she resolved not to

take any more, and to rest satisfied, under the idea that her case was hopeless. She became, ere long, alarmed in consequence of the increase of the tumour, and applied once more for advice. I prescribed  $\text{m} \times$ . of the tincture of iodine, to be taken three times a day; and a piece, of the size of a hazel nut, of an ointment composed of a drachm of the hydriodate of potash, and two ounces of prepared hog's-lard, to be rubbed on the tumour for a quarter of an hour night and morning. The tincture produced a nauseating sensation for the first two or three days, but after that time she felt no inconvenience from its use. I directed also that four leeches should be applied to the tumour every fourth day; and it was really astonishing to perceive the benefit derived from their application. At the expiration of five weeks, during which time the medicines were continued, I had the satisfaction of finding that the tumour had entirely disappeared.

Keppel Street, Russell Square, Dec. 7, 1824.

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V.

*Case of Poisoning from the Superacetate of Lead.* Communicated by Mr. ILIFF, Apothecary to the South London Dispensary, Member of the London Medical Society, and Honorary Member of the Physical Society of Guy's, &c.

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ELIZA ANDFORD, a girl sixteen years of age, took intentionally, on the 23d of November, at seven A.M., about an ounce of the superacetate of lead, which had been dissolved in water the previous night. A little before eight, she was seized with vomiting and violent pain in the stomach. I was informed of the circumstance at half-past ten, and sent by the messenger some solution of the sulphate of magnesia, directing it to be given frequently until I reached her. At a quarter to eleven I found her suffering violent colicky pain every two or three minutes, and vomiting thick viscid matter, with yellow streaks like the yolk of an egg; some boiled beef, which she had eaten in order to take the taste of the poison from her mouth, was also ejected, moulded in the form of two small sausages. Her pulse was 102, small, and weak. I gave her, on my arrival, a scruple of the sulphate of zinc, dissolved in warm water. In thirteen minutes she vomited about half a pint of the ingesta. Thin gruel was now got down; but the stomach not appearing disposed to act, and having fully ascertained from the person who supplied the poison that the quantity was an ounce, I resolved to lose no time in procuring Mr. Read's patent syringe, and in introducing the tube to which it is attached into the stomach, in order to try if by its means I could effectually clear the stomach of its contents.

Mr. Read being from home, I was politely offered the use of Mr. Scott's apparatus; and, with the latter gentleman, and my friend Mr. Mason, whom I met with whilst out, the operation was performed a little before noon. Her pulse was then 120, and her sufferings considerable. The flexible tube of the apparatus passed most readily into the stomach; and, after adapting the syringe, three or four pints of lukewarm water were injected at intervals. About the first two pints, which evidently contained lead, were thrown out by the action of the stomach at the side of the tube; the remaining portion was withdrawn by means of the instrument, and the last half pint was clear, but possessed a slight bloody tinge. On withdrawing the tube, two small coagula of blood were found at its extremity. Feeling rather faint, she was laid on the bed: no pain was now evident, except on pressure, when the abdomen appeared generally tender. I now made a solution of four ounces of the sulphate of magnesia in eight pints of thin gruel, and, altering the syringe, threw readily into the bowels about five pints of the mixture. Five minutes after the removal of the pipe, a stool was procured, containing scybala and three pints of fluid. She afterwards appeared easier. I gave her by the mouth 3x. of the sulphate of magnesia and thirty drops of tincture of opium, and left her disposed to sleep, with a pulse of 106.

At twenty minutes past two, P.M., I visited the patient again; she was lying on her back, with her legs fully extended. Since I left she passed two dark fæculent stools, and had felt sick, but nothing more had been vomited up. Pulse 88, soft; abdomen distended, with slight rigidity of the muscles; pain on pressure, but the colicky pains less than they have been; has taken 3x. more of the sulphate of magnesia in water.

A quarter past six.—Has had three more copious dark stools, and a little sleep; pulse 92, weak; abdominal muscles more rigid than before. Ten drams of sulphate of magnesia, with thirty drops tr. opii, were again given.

Ten, P.M.—Two more stools have been procured; dosed for a short time, and is, on the whole, better.

24th. Ten, A.M.—Several hours' quiet sleep during the night. Bowels open three times; very little pain; rigidity of abdominal muscles less; trifling numbness of extremities, particularly on the left side; tongue rather brown in the centre, but moist; pulse 82, soft. She was ordered a mixture with ol. ricini and mucilage, barley-water, and such like.

Seven, P.M.—Pulse 66, soft; no evacuation; complains of pain in fore part of the head; numbness of the left side increased; the left hand cannot be firmly closed. Tongue white and moist; pulse in the right side 70, and after re-



*A PLAN OF BELLIE EXTRACTOR.*

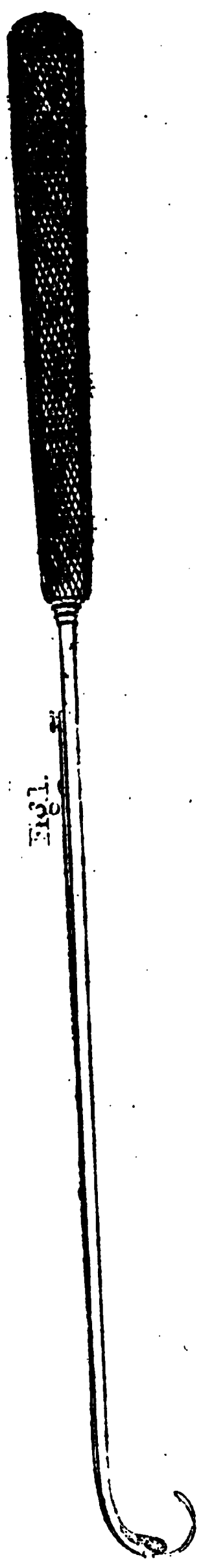


Fig. 1.

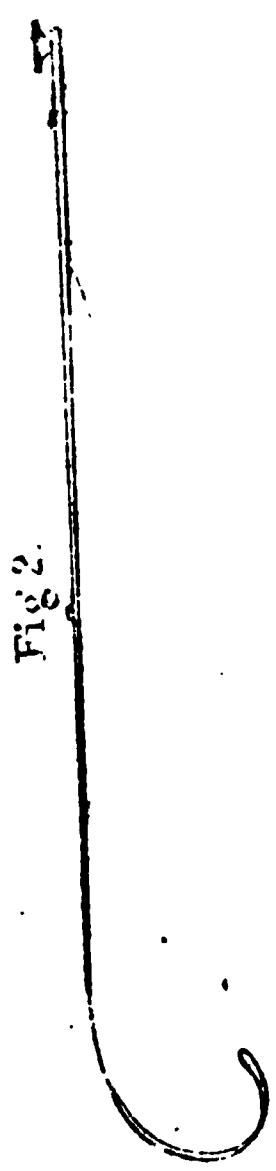


Fig. 2.



Fig. 4.

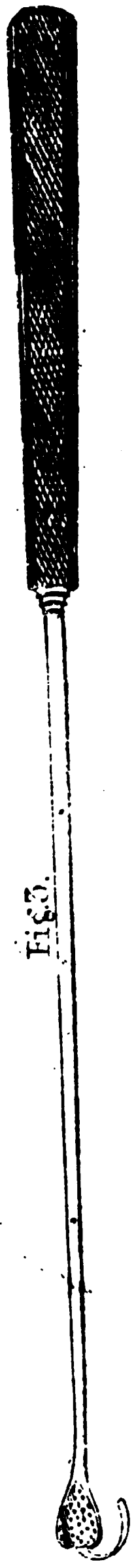


Fig. 5.

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[illegible][illegible]

1. The first step is to identify the problem. In this case, the problem is that the company is not meeting its sales targets.

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the work.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources and timeline needed to complete them.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves assessing the outcomes against the objectives and goals and identifying any lessons learned for future projects.





peated trials found quicker than in the left: ordered some ext. colocynth. c. and pilul. hydr. at bed-time.

25th. Half-past twelve.—Had a restless night; two dark fæculent stools; numbness less; slight sickness; no abdominal pain: pulse 74; no deviation in its beat perceptible on either side: tongue white, and moist. From this time her bowels were kept acting; the numbness gradually subsided, and, in four or five days, she was convalescent.

Before closing this case, I must acknowledge my conviction that the perfect recovery of the patient must chiefly be attributed to the benefit resulting from the use of the syringe; and I think that this will readily be allowed, when I mention that the portion of fluid first withdrawn contained lead, whereas, in the latter, not a particle of it could be detected. It should not, however, be overlooked that the sulphate of magnesia and the sulphate of zinc, which were given, must have had some considerable share in rendering the superacetate of lead less noxious; for, as both the former salts decompose the latter, producing a sulphate of lead which is insoluble, and, therefore, precipitated, consequently their use must have been advantageous, viewing only their action in relation to their forming an insoluble and much less hurtful salt. This latter was afterwards removed by the syringe, and carried off by the continued use of the sulphate of magnesia. The girl is now perfectly well; a circumstance which is the more surprising, when we recollect the time which had elapsed from the swallowing of the poison until any measures were adopted to remove it, and to counteract its effects.

Lambeth Road, St. George's Circus, Dec. 7, 1824.

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## VI.

*Description of an Instrument for extracting Bullets, &c.* Invented by POWELL CHARLES BLACKETT, Esq. M.R.C.S., and Surgeon Extraordinary to his Royal Highness the Duke of Clarence.

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THIS instrument, as may be seen from the accompanying plate, may be made of various sizes, so as to suit the dimension of the ball which it is intended to extract. Besides its use in this way, it may be farther serviceable for the extraction of calculi from the bladder, especially after the high operation for the stone.

*Fig. 1.* A steel blade, with a scoop at the end, having teeth in the inside to prevent the ball from slipping; also two small screws at the back for the slits in *fig. 2.* to slide in. The blade is seven inches long, and is fixed in an ebony handle. The whole length of the instrument is eleven inches and a half.

*Fig. 2.* A piece of flat steel with two slits in it, with a flexible curved spring at one end, and a small button at the other, by which the flexible spring is drawn over the ball of the scoop.

*Fig. 3.* is a back view of the part of the instrument *fig. 1.*

*Fig. 4.* is a back view of the part of the instrument *fig. 2.*

N.B. When this instrument is used, *fig. 2.* should be drawn back, by means of the button, to bring the flexible spring over the ball of scoop of *fig. 1.* in order to introduce the instrument into the wound; and when the scoop is firmly fixed on the side of the bullet, the spring *fig. 2.*, by means of the button, must be pushed forward so as to enclose the ball, and then extract it.

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## PART II.

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### ANALYTICAL REVIEW.

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*Practical Observations on Distortions of the Spine, Chest, and Limbs; together with Remarks on Paralytic and other Diseases connected with impaired or defective Motion.* By WILLIAM TILLEARD WARD, F.L.S., Member of the Royal College of Surgeons, of the Medico-Chirurgical Society, and Fellow of the Medical Society of London. Pp. 168. London, 1822.

*An Inquiry into the Causes of the Curvatures of the Spine; with Suggestions as to the best means of preventing, and, when formed, of removing, the Lateral Curvature.* By T. JARROLD, M.D. Pp. 147. London, 1823.

*On the Nature and Treatment of the Distortions to which the Spine, and the Bones of the Chest, are subject; with an Inquiry into [as to] the Merits of the several Modes of Practice which have hitherto been followed in the Treatment of Distortions. Illustrated by Plates.* By JOHN SHAW, Surgeon, and Lecturer on Anatomy. 8vo., and plates in folio. Pp. 293. London, 1823.

*Pathological Observations on the Rotated or Contorted Spine, commonly called Lateral Curvature, deduced from Practice. In which are shewn the Causes that produce it; the reason of its being mistaken for an Incurvation of the Spinal Column; and the Means best adapted to its Prevention and Cure; agreeably to the Principles laid down, and the Author's Experience.* By ANDREW DODS, M.D., late of Edinburgh, and Surgeon in the Royal Navy. Pp. 239. London, 1824.

*An Essay on Curvatures and Diseases of the Spine, including all the Forms of Spinal Distortion: To which the Fothergillian Gold Medal was awarded by the Medical Society of*

*London, and presented at a Special General Meeting on the 3d of May, 1824: With some Additions.* By R. W. BAMPFIELD, Esq., one of the Surgeons to the Royal Metropolitan Infirmary for the Diseases of Children; Fellow of the Medical Society of London; Author of an Essay on Hemerolopia, or Night Blindness; of Practical Treatises on Tropical and Scorbutic Dysentery, &c. Pp. 387. London, 1824.

THAT spinal distortions are now become very prevalent, needs, perhaps, no further proof than to look at the catalogue of books which head the present article. When we have so much matter before us, we scarcely know how best to use it for the advantage of our readers. We have arranged the titles in the order in which the works came before the public; and we shall endeavour to lay before our readers a short sketch of the opinions of each author, according to the arrangement which we have made.

The medical world appears to be divided in opinion respecting the nature of spinal distortion. One party attributes the deformity to the unequal forces of the dorsal muscles on each side of the spine; while the other attributes it to disease of the spinal column itself. When numerous facts are brought forward in support of each opinion, the only conclusion which an impartial observer can draw is, that there must be different species of distortion; that is, that the spine may become distorted from disease of its vertebræ, its cartilages, or its ligaments; and that it may also become distorted from weakness of the dorsal muscles, aided by malposition of the body, or from the muscles of one side of the back predominating in force over those of the other. But this relative weakness of one set of muscles must be produced either by disease, or by a continued habit of position. The latter is, perhaps, the more frequent cause. When the muscular system is generally weak, or when the dorsal muscles in particular are in that state, either naturally, or from having been kept inactive, owing to wearing stays or to want of general exercise, any habitual malposition of the body, during the time of growth, must tend to produce a distortion of the spinal column. This perhaps is the most frequent cause of distortion in young females of the higher classes of society, who are frequently kept on their backs, on an inclined, or an horizontal board, for years, for the cure of the deformity—who, in fact, are placed in the situation most likely to increase the cause of the malady which is attempted to be cured. But there are, on the other hand, sufficient facts to prove that the spine often becomes distorted from disease of its vertebræ, manifesting curves, and different

degrees of angles in different cases, according to the nature or extent of the disease. If these remarks be admitted, it must follow that the remedies employed should be different in different cases, according to the nature of the cause which gave rise to the deformity. When it is produced by muscular weakness, horizontal position is not the means most likely to prove successful. On the other hand, when disease is going on in the bodies of the vertebræ, or in their cartilages, it would be the height of absurdity to subject the diseased part to pressure, friction, or extension, by exercising the dorsal muscles, or by stretching the spinal column.

Mr. Ward is an advocate for muscular weakness as being the cause of distortion. After speaking of the influence of muscular exercise on the body, he draws the following inferences :—

‘ That the comparative power of muscular parts depends,—

‘ 1. On the state of the functions of respiration and circulation; and that increased strength is a consequence of increased vascularity and circulation of blood in the part, and vice-versâ, a want of tone and power, of a deficient supply of it.

‘ 2. On the degree of exercise or frequency with which they are called into action.

‘ 3. On the mental energy or power of volition exerted on them.

‘ 4. That the most effectual means of increasing muscular strength is by the frequent exercise of the power itself; and, consequently, the preservation of the healthy actions of those functions by which it is influenced.

‘ 5. That the muscular parts have a constant tendency to contract, by which they adapt themselves to the state of the limb, or parts to which they are attached.’

Mr. W. then proceeds to apply these principles to spinal deformity. He treats of only one species of deformity, which he defines ‘ an alteration in the natural form of the spinal column, without caries of its bony structure.’ One principal cause of the complaint he believes to be improper nursing; depriving the child of that nutriment which nature intended for its support. There is no doubt but that this is a very frequent cause of spinal distortion, as well as of various other complaints. This, in addition to the present mode of education, will fully account for its occurring so much more frequently among the higher than among the lower orders of young females. The first cause, which consists of improper nursing, creates a predisposition to the complaint, by disordering the functions of the digestive organs, which checks the development of the organs of motion; and the almost total want of exercise in the mode of education at present in use, acts as a constant cause in keeping the system in a state

of weakness. When the muscular system as well as the different structures of which the spine is composed, are in this enfeebled state, even the superincumbent weight of the head and upper part of the body will be enough to bend the spinal column. Add to this the different attitudes in which children often place themselves by habit, or in which they are placed by their governesses, in the course of their education, and we shall find a sufficient cause to account for the deformity, in many instances, without attributing it to any actual disease of the muscles of the back, or of the intervertebral cartilages.

The plan of treatment which Mr. W. recommends is exercise, both active and passive. The former consists in that which tends mostly to put the dorsal muscles in action. The latter consists of friction, shampooing, percussion, and every other means which tend to excite the action of those classes of muscles which are concerned in moving the spine. Position also is necessary to be attended to. The author speaks in strong terms, as, indeed, do most of our authors, against keeping the patient for months on his back on an inclined plane. The recumbent posture is to be used alternately with exercise, and not as that in which the patient is to be constantly kept. The exhibition of tonics, especially the chalybeates, is also very properly recommended.

Dr. Jarrold's views of spinal distortion are very different from those of Mr. Ward. The former author attributes the outward curve to caries of the bodies of the vertebræ, and the lateral curve to disease of the intervertebral cartilages. That caries is a frequent cause of spinal curvatures cannot be doubted; but whether it is always the cause of even the outward curve is very doubtful. We have seen specimens at different museums of outward curvatures, where the bodies of all the vertebræ could be distinguished, but where the anterior parts of some of them were rendered quite thin by absorption. In ankylosis consequent on caries, the body of one vertebra cannot be distinguished from those of the others surrounding it; in fact, the very form of the bodies of those vertebræ which had undergone the process of disease is destroyed, and the upper and lower boundaries of the chasm, approaching each other, from the weight of the head and upper part of the body, become united together by ankylosis. In these cases there is an entire destruction of one or more of the bodies of the vertebræ; whereas, in cases of absorption of the upper and lower surfaces of their anterior parts, there is no reduction of their number.

With respect to the lateral curvature being always the effect of disease of the cartilages, there are sufficient proofs

to the contrary; but, as we have already noticed this point, it is unnecessary to make any further comments here upon it.

Curvatures of the spine are sometimes attended with a loss of motion of the lower extremities. We are indebted to Mr. Pott for the first ray of light thrown upon this subject, both as it regards the nature and treatment of the disease. In these cases the affection of the lower extremities depends generally, and perhaps always, upon caries of the vertebræ, giving rise to irritation of the spinal marrow, or producing compression of it, from the sinking of the vertebral bodies.

In these cases the spinal curvature will inevitably become permanent, and all that can be done for the patient will consist in those means best calculated for arresting the progress of the disease in the bodies of the vertebræ. For this purpose Dr. J. recommends horizontal position, in order to take off the superincumbent weight from the diseased part; and the application of leeches, issues and blisters, in the neighbourhood of the spinal projection. He speaks very highly also of the internal use of the ext. hyoscyami in these cases, as well as in those unattended with paralysis of the lower extremities. These remedies were pointed out first by Mr. Pott and Mr. Baynton, and have been those generally used in practice for many years past.

Dr. J., when speaking of the lateral curvature, observes, that,

‘ In a review of the origin and progress of the malady, connected with the appearances after death, it is evident that disease, not debility, originates the lateral curvature. It is in vain, therefore, to attempt to remove the effect, while the cause still exists; to rely on mechanical, where medical treatment is required.’

He also remarks, that ‘ It almost exclusively attacks females; and this is another proof of its being a disease. Debility, muscular weakness, scrofula, the affections of childhood and youth, are common to both sexes; but the curvatures of the spine are exclusive, the lateral being almost confined to females, the outward to males.’

This is one principal reason why we cannot consider it to be a disease. In the first place, why should females be more subject to cartilaginous disease than males? We deny that debility is as common to males as it is to females; but in boys who are in a state of debility we not unfrequently find the lateral curvature. We have at this time a case of this kind, in a male child of sixteen months old. There is no reason in this case to suspect disease of the vertebral column; there is no tenderness of the part; but the subject of it has always been a very weakly child. The habits of life which young ladies lead are more calculated to produce weakness than those which boys lead; the former are, therefore, more



predisposed to the deformity. Causes which would produce no impression upon the comparatively sturdy frame of the latter, will bend down the spinal pyramid of the former, retained in its form only by enfeebled muscles. In ambilateral curves it is by no means probable that one side alone of the cartilages would become diseased in one part of the spinal column, and the other side in another part. But this deformity may be easily accounted for upon the principle of muscular weakness, and malposition of the body, causing an uneven pressure upon, and, consequently, absorption of, the bodies of the vertebræ. One curve requires another, in order to balance the weight of the body, and to throw that weight upon the natural centre of gravity.

The remedy which the author recommends corresponds with the view which he has taken of the disease. He considers it to be similar in its nature to bronchocele, and curable by burnt sponge and soda. Of these remedies the author speaks very highly. We shall give a passage in his own words.

‘It has been my object to prove, that the lateral curvature has its origin in a specific constitutional disease, and consequently requires a constitutional remedy; and, as I before hinted that there might be some relation between it and bronchocele, I have made use of similar remedies. From ten to fifteen grains of burnt sponge, and from four to six grains of carbonate of soda, and, if debility be considerable, twenty drops of nitric acid, are directed to be given daily. Very soon the increased flesh on the shoulders begins to diminish, and in two or three weeks disappears. The shoulder blades at the same time fall, and reoccupy their natural situations; the health, which has been more or less injured, resumes its ordinary state; the mind becomes cheerful, and capable of application; the languid, dispirited aspect, which seemed to call for the use of tonics and stimulants, is dispelled without them. Medical treatment is seldom further required, unless the appetite and digestion be impaired.’

Mr. Shaw sets out by laying it down ‘as a law of the animal economy, that the exercise of an organ is necessary not only to its perfection, but even to its preservation.’ He exemplifies this law by the circumstances that bone, cartilage, secreting membranes, ligaments, tendons, &c., are ‘all resolvable into a matter similar to the cellular substance by which they are united to each other;’ and that, ‘as long as a joint is kept in activity, the apparatus continues perfect; but when the motion of the joint has ceased for some time, all its complex parts degenerate; their peculiar characters and structure disappear; they fall into the same condition, and assume the same appearance with the cellular membrane.’



Mr. S. considers every organ to be alike subject to this law. The cellular membrane is the common matrix of all the other tissues, into which they degenerate when they remain inactive. That exercise is necessary to the *development, and to the healthy condition*, of an organ, we are willing to admit; but it would be admitting rather too much, that *a mere want of exercise of an organ* would cause it to degenerate into cellular membrane. Before this degeneration can occur, the organ must be not only inactive, but undergoing the process of disease. Mr. Bampfield's remarks on this point are very satisfactory, where he says, that —

‘The experienced physiologist will have observed many instances of persons who, from obesity and corpulence, have for years been deprived of the due activity and exercise of their muscles, especially of their lower extremities, in whom the muscles have not wasted, the bones have not been softened, and in whom the bursæ, capsules, and ligaments, do not form one indistinct mass of cellular substance. He will have seen many who, from advanced age or infirmities, have been bed-ridden for ten or twelve years or more, and have been necessarily inactive, and yet the muscles, bones, joints, and their constituent parts, have been preserved, and shew their external character and uses very distinctly.’

The instances which Mr. S. brings forward to prove the existence of this general law of the animal economy are those where the bones, ligaments, and other parts, were under the influence of disease, or in a state of chronic inflammation, consequent on fractures, dislocations, &c.: but we have no examples to prove that an organ, or that any part of the body, will be converted into cellular membrane, merely because that organ or part is inactive. A muscle, for instance, becomes weaker and reduced in size when allowed to remain at rest for a great length of time; but it is very doubtful whether any of its fibres be converted into cellular substance.

Admitting that the exercise of an organ is necessary towards the due performance of its function, which every physiologist will be ready to admit, Mr. S.'s view of spinal distortion may be equally as correct, as if it were admitted that exercise is necessary to the preservation of organs; for the following is the conclusion to which the argument leads, and which we consider a very correct one: —

‘The law which we have thus exemplified, in all the variety of parts liable to be affected by exercise or disuse, may be expected to operate very distinctly on that part of the body which forms the subject of the present inquiry; and, accordingly, we find, that in no part of the system is this law better exemplified than in the history of the affections of the SPINE. The muscles whose office it is to support the vertebræ may be so weakened by want of exercise as to become incapable of performing their functions. When this

takes place, the vertebræ and the ligaments which bind them together yield to the superincumbent weight, for they are affected in a secondary manner by the same causes that have produced debility in the muscles. Weakness of the muscles is therefore, perhaps, one of the most frequent forerunners of distortion; though there are many other causes which I shall have occasion to point out, in describing the various kinds of deformities.'

Mr. S. next inquires "into the causes of the partial paralysis and wasting of one of the limbs during infancy, which frequently produce distortion of the spine." He observes that "there is much variety in such paralytic affections, but to the greater proportion two circumstances seem to be common, viz. their connexion or dependence on the state of the bowels, and the effect they produce on the spine or on the limbs." The treatment recommended in these cases consists of allaying intestinal irritation, and of restoring the tone of the organs of digestion.

Mr. S. refutes the opinion that lateral distortion depends on dislocation of the vertebræ, and comments in a very forcible manner on the dangerous effects of the practice founded on that opinion. If it be true that this species of deformity depend upon debility of the dorsal muscles, it is obvious that continuing these muscles in a state of inactivity for months or years must tend to increase that debility; and that, on the other hand, a regular exercise of them, alternately with rest, must be the best means of removing the cause of the complaint. Our authors recommend various sorts of exercise, the objects of all of which is to put those muscles more particularly concerned in moving the spine in action.

The appearances of disease in the vertebræ, in cases of lateral curvature, Mr. S. considers to be a *consequence* of the deformity, and not the *cause*. No one will deny that diseases of the spine often occasion distortion; but this species of distortion is very different from that which is generally called *lateral curvature*. In the latter species, there is no tenderness on pressure, nor is there generally any pain present, more than what may be naturally expected from the weakness of the dorsal muscles, and from the effects produced upon these muscles by the distorted shape of the spinal column.

Our author then proceeds to shew the characters of different kinds of distortion, and to inquire into the several methods of treatment at present in use for the removal of the deformity. We are sorry we cannot follow him through all his remarks. The reader will find them very valuable and important.

Dr. Dods's work is on the lateral curvature only; or, as he calls it, "the rotated or contorted spine." He attributes

the deformity to a want of alternate relaxation and contraction of the spinal muscles ; or, in other words, to these muscles being kept too long in a contracted state, which tends to disorganise them ; and he proceeds to shew that the habits and modes of education at present in use have a tendency to produce disease of the muscles. Connected with that opinion, he offers the following considerations :—

‘ 1st, That all the means made use of now for preserving the figures of young girls, and preventing contortion of their spines, from the cry of those who have the care of them *to keep themselves erect*, or the common stays, down to the reclining board, or school-room floor itself, tend to keep their bodies in the extended position.

‘ 2d, That the bodies of children being kept, in this manner, constantly extended, the extensor muscles of their spines are kept, consequently, in a state of constant contraction, and are seldom or never allowed the interchange or relaxation, which is an indispensable part of their function.

‘ 3d, That all the muscles of the body being subject to the same laws, and liable to become affected from the same causes, the muscles of the spine will suffer disorganisation from continued position, in the same manner as those of other parts of the body.

‘ 4th, That the effect of disorganisation of muscles is always distortion, to a greater or less degree, of the part or member to which they belong, and which they are destined to move.

‘ 5th, The contortion of the spine is found to prevail a hundred-fold amongst the children who make use of these means of prevention, than it does amongst those who do not. Hence its frequency amongst the children of the rich, and its unfrequency amongst the children of the poor ; and hence, also, its frequency amongst girls, and its unfrequency amongst boys, even although of the same family.

‘ 6th, That contortion of the spine has evidently increased, in proportion as the adoption of these means of prevention have been diffused throughout this country.’

From this view of the deformity — which we consider, upon the whole, to be a just one, — the mode of preventing and of curing it may be easily understood : but until the fashion of society shall have changed, the evil must inevitably exist in a greater or less degree. Dr. D. speaks in strong terms against the practice recommended by Mr. Grant and Mr. Wilson, of carrying weights upon the head for the cure of distortion. The intention of this mode of practice is to excite the dorsal muscles of each side into an equal degree of action, so as to straighten the spinal column, that the weight may fall upon the natural centre of gravity. Experience is the best means of proving the utility or inutility of this practice. Reasoning *à priori*, we should not expect much benefit from it. As a preventive of the deformity, it may be used

with advantage, because it will tend to increase the activity of the muscles, from the necessity of retaining the spine in an upright form, in order to support the weight: but when the spinal column is already curved by the weight of the head and upper part of the body alone, we have reason to infer that any additional weight would tend to increase, rather than diminish the curvature.

Mr. Bampfield's work is very comprehensive, as it embraces diseases of the spinal marrow and its membranes, with those of the spine itself. He arranges these diseases in the following order:—"1st, Curvatures and distortions of the spine; 2d, fractures, concussions, and dislocations of the vertebræ; 3d, spina bifida, and some other congenital defects of the spinal conformation; 4th, inflammation of the medulla spinalis and its membranes; 5th, of some other affections of the spine, and of some diseases which are said to originate in its derangement." He subdivides the distortion and projections into two species, "one of which will be denominated curvature of the spine, and the other the angular projection." Of the former there are three varieties; the first of which he calls "an excurvation of the spine, or curvature outwards; the second, an incurvation of the spine, or curvature inwards; the third, lateral curvature."

When speaking of the immediate causes of curvatures, Mr. B. offers an opinion that there exists a predisposition to absorption of the vertebræ, "*not independent* of pressure, but which renders them liable to be absorbed from its effects." This point is rather difficult to prove. When we find the spine become curved from malposition of the body, it is difficult to prove whether there existed a predisposition in the vertebræ to become absorbed, or whether absorption did not take place in consequence of the pressure alone, independently of any previous predisposition. In many instances where curvature takes place, there is no reason whatever to suspect such a predisposition. Since writing the first part of this article, we have seen a case of extensive lateral curvature, in a little girl of about ten years old, which has been produced in consequence of disease of the hip-joint, brought on by a fall on the hip. Until the time of the fall, which happened four months ago, the child was strong and healthy; but since she has been obliged to stand on one foot and lie constantly on one side, the spine is become considerably curved. In this case there is not the slightest reason to infer a previous disposition to absorption of the vertebræ. Another thing, why should the predisposition exist in one side only of the vertebræ; or, in bilateral curvatures, why should it exist

in the one side of one part of the spine, and in the other side of another part?

In addition to the absorption which occurs in one side of the vertebræ, Mr. B. is of opinion that an increased growth takes place in the other side; which will be seen from the following sentences:—

‘ Now pressure is the strongest power we possess of producing local absorption; and as increased growth of bone is a cause of a permanent nature, the pressure, too, becomes permanent (except in particular positions of the body), and occasions absorption of that part of the bone, and of the intervertebral cartilages unduly pressed upon. Thus, increased growth on one side, and progressive absorption occasioned by pressure on the opposite side, both conspire to the same end, and both operate in destroying the natural proportions of the vertebræ, and of deflecting the erect spine from its spinal line to the form of a curve; and, in the degree that increased growth takes place on one side, and increased pressure and absorption on the other, the greater or less must be the curvature.’

Mr. B., as well as Mr. Shaw, draws very important practical lines of distinction between different species of curvatures; such as those depending upon caries of the vertebræ; those depending upon rickets, mollities ossium, scrofula, muscular debility, &c. These distinctions are of the greatest importance, as it regards the treatment of the complaint. The most common species of deformity is, perhaps, that which depends upon debility, where exercise of various kinds, both active and passive, is indicated as the chief part of the treatment; whereas, if the same plan of treatment were pursued in those species which are dependent upon disease of the spinal column, the superincumbent weight, and the irritation produced in the diseased seat, must evidently produce a progressive increase of the deformity. The malady should be looked upon and treated according to its cause. As it differs in different cases, the treatment also should be different accordingly.

In the treatment of excurvations, where it is necessary to take off all weight from the spine, Mr. B. orders his patients to use the *facial* horizontal posture. He says—

‘ It is almost needless to observe, that, until lately, lying on the back has been the only recumbent posture employed, or, indeed, thought of, in curvatures of the spine; my experiments have, however, proved the facial horizontal one to possess infinite superiority in this variety of curvature; and my surprise has been excited that reason, *à priori*, had not sooner led to its adoption.’

Mr. B. further observes, that—

‘ In the *dorsal* horizontal position, the principle of taking off *all* superincumbent weight is not strictly observed, as the weight of the

viscera, and parts of the body above, are partly borne by the vertebral column; and even this weight may be injurious, if the anterior spinal ligament, or anterior portion of the vertebral bodies, be inflamed. When the body lies immoveably fixed on the back, the dorsal muscles are entirely deprived of motion and exercise, and of the means of acquiring any degree of strength which exercise communicates, and which their previous debility, so often an accompaniment, renders desirable and necessary. In this position, no friction, pressure, &c., can be applied to the spine. This position continues to place the spinal line posterior to the natural axis of the body, as the vertebral column tends, by its own gravity, to incline outwards.'

When speaking of the remote causes of lateral curvature, after commenting on the modern fashion and habits to which young ladies are restricted, Mr. B. makes use of the following words, which we consider to be of the greatest importance; we shall therefore lay them before the reader:—

'Without digressing further, I would observe, instead of stiff stays, back boards, reclining boards, education chairs without backs, military marching, &c., let the girls and boys have no clothes or apparatus to limit their movements, and, when weary, let them sit down on chairs with proper curved backs to support the spine, or lie down for rest, or, in fact, seek repose as they find most agreeable, when they are fatigued, or can no longer maintain their erect attitude conveniently. Let the girls have a large field or playground; let the boys also have the range of the country, within the sound of the school-bell. Let the girls engage in the games of battledore and shuttlecock, skipping, dancing, and all that they can play at; let the boys play at cricket, trap and ball, shinney, fives, skipping, running, quoits, marbles, climbing trees, jumping, &c., and we shall not have many distortions of the spine; and, without intending to give offence, I will venture to express an opinion, that if the amount of a captain's pay was laid out for the use of the boys at the Military Asylum, in the purchase of cricket bats, trap and balls, skipping ropes, swings, shinney-sticks, marbles, quoits, &c., there would not be any occasion for exercise masters, or surgeons to cure deformities, unless arising from scrofula or accident.'

Mr. B. accounts for the formation of the angular projection of the spine by supposing that the horizontal surfaces of only one vertebra, or of two vertebræ, are absorbed; whereas, if the surfaces of more be absorbed, a curve will be formed. This variety of deformity is treated in the same manner as an excavation, by the facial horizontal position, topical bleeding by cupping or leeches, blisters, issues, aperient medicines, low diet, &c. After three or four months, when there is reason to believe that the disease is subdued, Mr. B. recommends exercise; and to prevent stooping when this is employed, the patient is to wear the spine instrument. This



instrument should be worn a considerable length of time when the patient is unwilling to remain in a recumbent posture. The author discusses the merits of the different kinds of instruments used for that purpose, and recommends those invented by Mr. Jukes; but we must refer our readers to the work itself, for information on this subject.

Before concluding this article, we shall take a short notice of the chapters on dislocation of the vertebræ, in Mr. Shaw's and Mr. Bampfield's works. There are very few positive facts to prove that the vertebræ have ever been found dislocated. Sir A. Cooper and Mr. Abernethy, two Surgeons, than whom, perhaps, no one has ever had a more extensive opportunity of deciding this point, say, that such an occurrence as vertebral dislocation is extremely rare. If this be the case, what shall we say of those who treat almost every variety of spinal distortion upon the principle of luxation, or of sub-luxation of some of the vertebræ? Even if such a thing as dislocation did take place in some instances, it would be the height of absurdity to expect that the bones might be reduced by pulling at each end of the body. It requires no small degree of tension sometimes to overcome the power of the muscles of the shoulder, in order to reduce the dislocated arm. When the strength of these muscles is put in competition with that of the muscles which would be necessary to overcome in reducing dislocated vertebræ, it amounts to a mere trifle. Not only the dorsal muscles, which themselves constitute no small mass of flesh, must be overcome, but also the abdominal muscles, the intercostal, and, in fact, all those covering the trunk of the body would resist the extension. Before the force would reduce the dislocated vertebra, it would not improbably drag off the arms, head, or any other part on which it might be exerted.

An attempt to reduce the vertebræ by friction and pressure would likewise be equally absurd, if they were dislocated: but respecting this subject, we beg leave to refer to Mr. Shaw's work, where the quackery is exposed as it deserves.

We have endeavoured to give our readers a short insight of the views taken by each of the authors whose works are before us, respecting spinal distortion, and of the modes of treatment recommended for the different species of this deformity; but there is much more valuable information, especially in Mr. Bampfield's and Mr. Shaw's works, which, we are sorry to say, we have no room to make any remarks upon. The reader will be well repaid for the trouble of perusing them; as, although they do not, in every respect, contain the



same views, yet each of them contains a great many very important facts connected with the subject of which they treat.\*

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## PART III.

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### ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND  
SURGICAL SCIENCE AND LITERATURE.

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#### I.

*Clinique Médicale, ou Choix d'Observations recueillies à la Clinique de M. LERMINIER, Médecin de l'Hôpital de la Charité, Membre Titulaire de l'Académie Royale de Médecine, &c., et Publiées sous ses yeux.* Par G. ANDRAL fils, Agrégé à la Faculté de Médecine de Paris, Membre adjoint de l'Académie Royale de Médecine, Membre du Cercle Médical, et de la Société Médicale d'Emulation de Paris. Deuxième Partie.—Maladies de Poitrine. 8vo. Pp. xxiv. 591. Paris, 1824.

*Clinical Medicine, or the Principal Observations collected at the Clinic of M. LERMINIER, Physician to the Hospital of La Charité, &c., and published under his inspection.* By G. ANDRAL, jun., Associate of the Faculty of Medicine of Paris, Member of the Royal Academy of Medicine, &c. &c. Part Second.—Diseases of the Chest, &c.

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M. ANDRAL has already procured for himself the character of an accurate pathologist, by his Memoir on the Morbid Anatomy of the Mucous Surface of the Digestive Canal, and by the first volume of the work now before us. The former of these was placed before the Medical Profession of this country in some of the former Numbers of the REPOSITORY;† and the latter—which treats of fevers—was also noticed by us. The volume which now comes under our consideration will extend still farther M. Andral's well-deserved reputation, whilst it is calculated, yet more than the one preceding it, to render the '*Clinique Médicale*' a work of great reputation, more particularly as a book of reference.

M. Andral‡ treats, in this volume, of the different affections of

\* We shall take an early occasion of bringing the affections of the contents of the spinal column fully before our readers.

† See Vol. XIX. pp. 248, 334, 425, 509; Vol. XX. p. 443.

‡ We may remark, that M. Lerminier appears to have had nothing more to do with this work, than that he directed, in the course of his duties as Physician to "La Charité," the medical management of those cases which M. Andral has detailed.

the mucous membrane of the bronchiæ, of inflammation of the substance of the lungs, and of that of the pleura: he leaves the other disorders of the thoracic organs to a third volume of his extensive undertaking; and thus confines himself, in the one now before us, to those diseases of the chest which are most frequent, and which may be said to be *popular* disorders. With respect to these, we may observe generally, that although we have lately obtained much information respecting them, from the researches of Bayle, Laennec, and Dr. Forbes, yet many points of the greatest importance, as respects their history and nature, are but imperfectly known, and, consequently, left for the researches of our author. On these points his work throws a very considerable light, as we shall endeavour to shew in the present article, in which we restrict ourselves to an analysis of the first chapter of the volume—that on the diseases of the bronchiæ.

‘ARTICLE I. *Organic Alterations of the Bronchiæ in the State of Phlegmasia. Symptoms of these Alterations.*—When the body of a patient is opened, that has sunk under any disease whilst affected, at the same time, with a mild and recent bronchitis, some redness is found, generally in a circumscribed portion of the mucous membrane, and usually towards the end of the trachea, and in the first divisions of the bronchiæ. If the inflammation have been more intense, the redness extends to a greater number of these conduits, and exists, moreover, in the smaller ramifications. It sometimes happens that this redness is exactly limited to the bronchiæ of one lobe only; and it is the bronchiæ of the superior lobe which seems to be more particularly disposed to inflammation. The red colour of the bronchiæ presents itself sometimes under the form of a fine injection, which seems to exist both in the submucous cellular tissue, and in the mucous membrane itself. Sometimes the vessels cannot be distinguished, but only a number of small, crowded, red points, which are agglomerated the one around the other. Finally, an uniform red colour is sometimes observed. In some cases, the redness diminishes progressively from the large bronchiæ to the small ones; in others, an opposite disposition is remarked. Occasionally the redness only exists in intervals, in the form of bands or of isolated spots, forming, as it were, as many circumscribed phlegmasiæ, between which the mucous coat is white and healthy: this is a form of inflammation similar to that which is so frequently observed in the intestines.

‘When the inflammation is chronic, the mucous membrane generally loses its lively redness: it presents a livid, violet-coloured, or brownish tint. Finally, and what is very remarkable, in individuals offering all the symptoms of inveterate chronic bronchitis, with puriform expectoration, we have found the mucous membrane of the lungs scarcely rose-coloured, and even perfectly pale through its whole extent. Bayle had also noticed this fact. “*This white condition of the mucous surface,*” he has stated, “*is not rare in chronic pulmonary catarrh.*” I would not wish to conclude that there is not, and least of all, that there has not been, inflammation in this

particular case. We find indeed a similar absence of all redness in other organs where the existence of phlegmasia could not be doubted. Thus the serous membranes, although filled with pus, and lined with false membranes, frequently offer no appreciable change in colour or texture; proving beyond a doubt that tissues may have been inflamed without appearing red on dissection. The mucous surface of the intestines, although strewed with numerous ulcerations, are frequently remarkably pale, even in the very part which is ulcerated, as well as in the parts between them. More than once have the mucous surfaces of the whole urinary apparatus been found unusually pale, in persons whose urine had long been purulent. In these different affections of the mucous tissues, an inflammatory condition cannot well be doubted; but, owing either to its long continuance, or to general debility, the phlegmasia appears to have left no other trace in the organ in which it was seated than a modification of secretion.'

M. Andral next adduces a case of chronic bronchitis, simulating pulmonary consumption, in which expectoration was copious; respiration somewhat short; the chest sounded well on percussion; mediate auscultation detected only the mucous rattle, but no pectiloquism; the pulse, not very frequent in the morning, was quicker towards evening; night-perspirations, and marasmus. On *dissection* the mucous surface of the bronchiæ was found perfectly pale throughout. The details of this case are interesting; but we cannot believe that an inflammatory state of the mucous surface of the bronchiæ had existed for a considerable time previous to death. We are convinced that an increased secretion, or exhalation of a serous or even pus-like matter, may take place from both the mucous and serous membranes, from a condition of their minute capillaries very different from that to which we are accustomed to apply the term inflammation. But we are more disposed to place M. Andral's observations before our readers than to criticise them. He thus proceeds in continuation of this subject:—

'The inflammatory softening of the mucous membrane of the bronchiæ is much more rare than that of the mucous surface of the digestive canal. We have never found it so marked as to be elevated in the form of a pulp. This membrane is also rarely ulcerated; and in this respect also it offers a different disposition from that of the mucous coat of the digestive tube. We have only observed ulceration in the bronchiæ in two cases: in one of these a large ulcer was also present in the trachea, a little above its bifurcation. Three small round ulcers existed in the right bronchia, which proceeds directly from the division of the trachea. This case was similar, as respected the morbid structure, to those related by M. Professor Cayol, in his excellent work on tracheal consumption; and the symptoms were similar to those of ordinary chronic bronchitis. In the other case alluded to, the trachea, and the first divisions of the bronchiæ, presented only a slight redness, without any other lesion; but in their smaller ramifications of the right side the redness became very intense, and the mucous mem-

brane contained, at its surface, a great number of small ulcerations, all exactly circular and of equal size. Their borders were livid, and were elevated about half a line above the margins of the bottoms of the ulcers; they were sufficiently wide to receive easily the head of a large pin. The individual who presented this lesion had an aneurism of the heart. During his stay in the hospital he was tormented by fits of coughing, which were very frequent and severe; his sputum was commonly coloured with a little blood.

‘ The frequency of ulcerations decreases as we proceed from above downwards through the different portions of the mucous membrane of the air-passages. Thus chronic ulcerated laryngitis is tolerably frequent. It is by no means rare to find a part of the vocal chords deprived of their mucous membrane, the thyroidean muscles and the cartilages made bare to a greater or less extent, in individuals who were affected with a simple chronic bronchitis or with pulmonary tubercles, and who also experienced hoarseness of the voice, or the loss of it, for a considerable time previous to dissolution.

‘ Ulcerations become less frequent as we proceed down the trachea than in the larynx; they are, in general, small in size, and not numerous, when they occur in the former situation. In one case, however, we found, in conjunction with M. Magendie, the whole internal surface of the trachea perforated like a sieve, from its commencement to a little above its bifurcation, by ulcers so numerous, and so closely crowded together, that they occupied more space than that which was interposed between them. The bronchiæ were red, but not ulcerated. The patient had complained more of a sensation of heat than of pain, along the whole course of the trachea. Each inspiration was accompanied with a remarkable hissing noise, as if the air-tube were compressed by some tumour.

‘ Ulcerations of the trachea seldom extend deeper than the texture of the mucous membrane: their margins are formed of this texture, and their bottoms of the subjacent fibrous tissue. Sometimes, however, the ulcer proceeds deeper, all the parts situated beneath the mucous coat are successively destroyed from within outwards, and, finally, a complete perforation of the parietes of the trachea may supervene. We have two cases of this description: in both the perforation had taken place in the posterior part of the trachea in its cervical portion: in one of the cases the bottom of the ulceration was formed by the œsophagus, which was firmly united to the margins of the ulcerated part by means of a dense cellular tissue. In the other case, there was a double perforation of the trachea and œsophagus, so that these two canals communicated freely with each other. This case of tracheo-œsophagean fistula was announced only by a slight pain on deglutition, and by a short cough, which occurred each time the patient swallowed. He mentioned that the obstacle to deglutition, and the cause of the cough, had their seat at the middle portion of the inferior half of the cervical region.

‘ Perforations of the trachea, or of its first divisions, are more

frequently observed to proceed in an opposite direction to the foregoing—viz. from without, inwards. Besides aneurismal tumours, which frequently produce this effect, tuberculous lymphatic glands also occasionally give rise to it. This latter lesion, with which we are unacquainted with an instance in the adult, is not very rare in children, arising, doubtless, from the more frequent tubercular degeneration of the lymphatic glands at the earlier stages of life. The tubercular glands, in proportion as they soften, irritate the paries of the trachea or the bronchiæ, with which they come in contact, and occasion, by degrees, its destruction from the exterior towards the interior. The progressive march of this ulcerative inflammation may be followed in various subjects: as, in some, an intimate adhesion only of the lymphatic glands to the trachea or bronchiæ is observed, with redness of the latter, and the commencement of the destruction of the cartilages: in others, the cartilages are destroyed, the fibrous tunic has disappeared, and the tuberculous matter is found in immediate contact with the mucous coat, which it raises and pushes before it: finally, in the last stage, the mucous tunic is itself destroyed, and the tuberculous matter, issuing from the gland as it softens, spreads into the air-passages, whence it is expelled by the cough. Tubercles developed in the bronchial glands may in this manner heal like the tubercles which are seated in the sub-cutaneous glands: but, unfortunately, the bronchial tubercles seldom exist but at the same time with pulmonary tubercles.

‘Thickening of the mucous membrane is one of the alterations which chronic bronchitis the most frequently produces. This thickening gives rise to various symptoms according to its different degrees: it modifies the sound which the entrance of the air makes into the bronchiæ, whence results a particular rattle, which we designate the dry-bronchial-rattle.’ On this subject we refer to the excellent work of M. Laennec. ‘Thickening of the mucous membrane of the bronchiæ may be so great in one or more of them, as to narrow very much their canals, or to obliterate them even almost entirely.’

M. Andral next adduces three very interesting cases, which, along with some other pathological points, illustrate the one immediately under consideration, and the symptoms by which it may possibly be recognised during the life of the patient. The *first* of these cases was one of chronic bronchitis. There was almost a complete absence of the respiratory noise in the situation of the superior lobe of the right lung. On dissection, the principal bronchia of this lobe was found contracted, a few lines from its origin, to such an extent that a fine probe could scarcely be introduced into it. The *second* case was also one of chronic bronchitis, during which the patient experienced several attacks of hæmoptysis. The only symptom obtained by auscultation, in any way directly related to the lesion under consideration, was the existence of the *sonorous rattle* in several points of the chest. On *dissection* the bronchiæ of both lungs were found to be red. Those of the superior lobe of the right

lung had scarcely diverged from their principal trunk, when their parietes suddenly acquired a considerable thickness, the diameter of their canals becoming, in the same situation, greatly diminished. Large tubercular excavations existed in the opposite lung, with greyish hepatization of the substance surrounding them. In the *third* case there was copious puriform expectoration. The respiratory noise was very feeble in the right side of the chest, but very intense in the left. The root of the right lung was found, after death, to be occupied by an enormous mass of melanosis, which seemed to have arisen in the bronchial glands, of which there remained no trace. The bronchia which resulted immediately from the bifurcation of the trachea was enveloped in this mass, and compressed by it, so that it scarcely equalled one-half of its natural calibre. There was general redness of the mucous membrane of the bronchiæ.

‘In two of these cases,’ M. A. resumes, ‘the stricture of the bronchial conduits, by preventing the entrance, at each inspiration, of a sufficient quantity of air into that lung to which they were distributed, diminished the intensity of the respiratory sound (heard by means of mediate auscultation), which, on the contrary, was very strong on the opposite side; as if a compensation were established between the two lungs, as respects the quantity of air received by each in a given time. In infants it is by no means rare to find the bronchiæ compressed and constricted at their origins by masses of tuberculous glands. Finally, we have seen the same effect produced by aneurisms of the aorta.’

M. Andral next remarks, that, although the above symptom was present in both these cases, it was not observed in others; and, even when present, he justly observes, that it may result also from a number of very different lesions, and cannot, therefore, be considered a sure diagnostic of the lesion under consideration.

‘The bronchiæ,’ M. A. proceeds to state, ‘when affected with chronic phlegmasia, sometimes undergo an alteration altogether opposed to the former: they become dilated, in a greater or less portion of their extent. *Dilatation* of the bronchiæ has been noticed in a particular manner, only in recent times. M. Laennec’s admirable work contains some valuable details on this subject. Since he called the attention of physicians to this important pathological condition of the bronchiæ, we have frequently had occasion to confirm, by our own researches, the accuracy of all that M. Laennec has advanced on the subject. Whenever dilatation of the bronchiæ is considerable, it makes itself known to us by a sound of the voice, more or less similar to pectriiloquism; when it is present in a less degree, signs tolerably characteristic also lead us to suspect its existence; but when it exists to a very limited extent, it is not announced by any particular symptom.’

Our author details, at this place, several interesting cases in which different degrees of dilatation of one or more of the bronchial canals were observed on dissection. In the *first* case, symptoms of chronic bronchitis seemed, from the sound conveyed by the stethoscope, to be general. The patient complained chiefly of chronic disease of



the stomach, of which he died. On *dissection*, numerous red spots were observed on the bronchial membrane, and the bronchiæ were filled with mucus. The pulmonary parenchyma was healthy. In the middle lobe of the right lung, one of the bronchiæ was dilated to more than three times its natural diameter. There was ulcerated scirrhus of the pylorus. The *second* case was one of chronic bronchitis complicated with aneurism of the heart, the symptoms of which derangements were sufficiently well marked. On *dissection*, the bronchiæ were found filled with a colourless serous liquid, and their surface was of a violet tint. All the bronchiæ of the superior lobe of the right lung were dilated. In this case the dilation of the bronchiæ was denoted by the great sound of the voice, and the particular buz of the inspiratory murmur. The *third* case of dilation of the bronchiæ was the consequence of chronic bronchitis, complicated with acute pneumonia. The respiratory symptoms were similar to those observed in the preceding case.

The *fourth* case is very interesting under various points of view. A hair-dresser, forty-six years of age, had been subject to catarrhs for several years. In December 1821, he had an attack of hæmoptysis for the first time. In February 1822, he had a severe attack of catarrh, followed by an abundant expectoration, which was puriform, and uncommonly foetid. When he was admitted into 'la Charité,' the expectoration consisted of a yellowish, thick sputum, swimming in a large proportion of serous fluid. He had severe pain in the left side of the thorax. On auscultation the inspiratory murmur was found to be strong and clear in the right lung, but much more feeble in the left. The voice resounded with great strength through all the left side, and he had evident pectiloquism in various parts of this side. The digestive functions seemed not particularly disturbed. From the symptoms altogether, M. Lermier supposed the disease to be slow pulmonary consumption; and the nature of the expectoration and the pectiloquism led him to conceive that excavations were already formed in the left lung, whilst the pain indicated the extension of inflammation to the pleura of that side. During April and May the expectoration was still more abundant, greyish, and very foetid. The patient became more feeble: he had rigors every evening; but he never had any perspirations during the night. His pulse was scarcely frequent during the day. Towards the end of April his appetite diminished; but he neither experienced sickness nor vomiting. With the commencement of May diarrhoea supervened; and he died in the month of June.

*Dissection.*—The body was opened eighteen hours after dissolution. A few membraniform albuminous concretions lined the pleura of the left lung; but no adhesion existed between it and the costal pleura. A bronchial canal, in the superior lobe of the left lung, was dilated, from the size of a quill, so as to form a cavity capable of containing an ordinarily-sized walnut. It was filled with matter similar to that which was expectorated. The mucous membrane of this cavity, and of the bronchia running into it, was inflamed and



thickened. Several points of the dilated portion contained small orifices, leading to other bronchiæ. It was now evident, that it was this dilatation which had been taken for an ulcerated cavity in the substance of the lung. On tracing the other bronchial ramifications of this lung, many of them were found to have acquired three or four times their natural diameter. The pulmonary tissue situated between these dilated bronchiæ, seemed compressed, and resembled what it assumes after having been strongly pressed together by pleuritic effusions. The right lung also contained a few partial dilations of the bronchiæ.

The mucous membrane of the stomach presented, along its large curvature, five or six superficial ulcers. The mucous tunic of the transverse and descending colon was much injected with blood.

It may be remarked that, besides the disease of the lungs in this case, and the relation which it had to the symptoms, the ulcerations of the mucous surface of the stomach, was a lesion possessing considerable interest. It was not announced during the life of the patient, either by vomiting, or by pain, or by thirst, or redness of the tongue; complete anorexia was the only symptom which had any relation to the morbid structure observed in this viscus.

After relating the case of a man who died of cancer of the liver, in whom partial bronchitis, with dilatation of the bronchiæ supervened, occasioning the mucous rattle in the corresponding part of the chest, M. Andral states that "Auscultation announced, in this case, with great precision, the seat and extent of the bronchitis; but it furnished no certain information of the existence of dilatation of the bronchiæ."

For farther information respecting the subject of dilatation of the bronchiæ, we must refer our readers to the excellent work before us, and to a former number of this series of our Journal\*, where the different stages of this morbid structure, the symptoms belonging to each, and all that is known of the diagnosis, are fully stated.

'ART. II. *Alterations of the Secretions of the Mucous Membrane of the Bronchiæ.*—The mucous membrane of the air passages cannot be inflamed, without the fluid which it always secretes being modified, both as relates to its quality and quantity. The greater or less obstruction of the bronchia by this fluid, necessarily modifies the healthy sound of respiration, heard on auscultation. Instead of the clear sound of the pulmonary expansion, a *rattle* is heard, which is evidently owing to the displacement of the fluid by the column of air which penetrates the bronchiæ at each inspiration. We have designated this sound, the humid bronchial rattle (the mucous rattle of M. Laennec). When it is seated in the larger bronchiæ, it more or less completely approaches the gurgling sound, indicating the existence of tubercular excavations. In this case the seat of the rattle, its extent, and the consideration of the other symptoms, will establish the diagnosis more surely, than the nature of the sound itself.'

\* REPOSITORY, Vol. XXI. No. VI. New Series, p. 525.

After relating a case in illustration of the foregoing observation, M. Andral proceeds to state, that 'it sometimes happens, in the course of bronchitis, that the healthy respiratory sound, or the bronchial rattle, will suddenly cease to be heard in a certain part of the lungs. In the very portion, where the ear can hear neither a healthy nor a morbid sound, the chest is found, on percussion, to preserve its perfect state of resonance. At the time when this state supervenes, the patient is seized with dyspnœa, which is more or less considerable. We attribute, with M. Laennec, this sudden suspension of the respiratory sound, to the momentary obstruction of a large bronchia, whose ramifications are distributed to the portion of lung wherein respiration is not heard. In this case a strong fit of coughing, the effect of which is to expel the more or less tenacious mucus obstructing the bronchiæ, re-establishes the respiratory sound as quickly as it disappeared. However, in a few rare instances, the sound of the pulmonary expansion does not return, the difficulty of respiring increases, suffocation becomes imminent, and death from asphyxia supervenes. Slight bronchitis may, in this way, be transformed suddenly to a dangerous and rapidly mortal disease.'

M. Andral adduces, at this place, two very interesting cases, wherein this occurrence took place. We regret that our limits prevent us from giving the particulars of these cases, and of many others which he details in this very valuable work. 'If considerable dyspnœa,' M. A. resumes, 'supervene to bronchitis; and if, at the same time, the respiration ceases to be heard in a part of the chest, percussion still giving a clear sound in the same situation, obstruction of a bronchial tube may be suspected: pulmonary emphysema is the only malady which can give rise to similar symptoms.'

'The indication to be fulfilled in this case is evident: in order to expel the mucous concretions obstructing the bronchiæ, the action of an emetic should be resorted to. The inspiration of aqueous vapours, or of vapours impregnated with different aromas, or otherwise medicated, should be employed, and the kermes mineral, ammoniacum, squills, and other remedies calculated to augment the pulmonary exhalation, and to enable the organ to throw off the secretion which obstructs its functions, ought to be used. Depletions, counter-irritants, revulsives, emollients, and palliatives, should also be employed, according to particular circumstances.'

Our author's history of the progress of bronchitis is excellent, particularly where it relates to the appearance of the expectorated matter. 'When bronchial inflammation,' he observes, 'attacks an individual who never expectorates whilst in health, the cough is at first dry, and remains long in this state. Those who expectorate habitually, cease to do so when the inflammation is very active; if it be slight, expectoration goes on, the quantity is even augmented, and its usual quality is always changed.'

'The expectoration, when followed through the different phases of acute bronchitis, generally presents the following modifications:—

'At the commencement of the malady the cough is dry, excepting

in the case just now instanced. As long as the dry cough persists, the disease may be considered as in its first stage. In the course of a period, which varies according to the constitution and habit of the patient, and the treatment employed, each fit of cough is followed by the expectoration of a clear, transparent mucosity, which is also glairy, like the white of an egg. When it is poured out of one vessel into another, it flows in a single mass of extreme tenacity. The more it can be drawn out into a fine thread, and the greater its viscosity and tenacity, the greater also is the irritation of the mucous surface secreting it. When the patient is tormented with violent paroxysms of cough, accompanied with a considerable heat within the chest, with marked oppression, with great general anxiety, the expectorated matter acquires a remarkable viscosity. Then, if the vessel which contains it be much inclined to one side, it adheres to the sides of the vessel by long striæ, and it approaches a little the appearance of the gelatiniform expectoration of acute pneumonia.

‘ When bronchial inflammation is accompanied with fever, the viscosity of the matter becomes also greater during the febrile paroxysm; and, as the other symptoms of bronchitis are increased at the same time, an inexperienced practitioner may be deceived, by this great viscosity of the sputum, and improperly consider it as a symptom of inflammation of the substance of the lung itself; but, if he observe the expectorated mucus after the paroxysm, he will find that it has lost its viscosity. At other times, expectoration is entirely interrupted during the febrile paroxysm, indicating an increase of the irritation in the mucous surface of the bronchiæ. Some patients experience, when the perspiration which terminates the paroxysm is subsiding, a copious expectoration of opaque and thick matter, such as occurs in the last stage of acute bronchitis. But this is only a passing occurrence, and the patient soon expectorates anew a clear and limpid mucosity, as before the febrile paroxysm.

‘ A more or less abundant froth usually exists on the surface of the expectorated matter: its quantity depends upon the facility with which it is coughed up. If the patient expectorate not until after a prolonged fit of cough, during which the air, several times inspired and expired, is intimately mixed with the mucosity filling the air tubes, the matter expectorated is mixed with a great quantity of air, which forms on its surface a sort of lather that separates from it with difficulty. The sputum, during this first stage, is sometimes streaked with a little blood; but the blood is not combined with the mucus, as is the case with respect to the matter expectorated in pneumonia.

‘ It sometimes happens, that a greater or less quantity of small flocculi or clots, of a dull white colour, exists in the midst of a transparent mucosity. These do not at all come from the lungs, but appear to be secreted in the pharynx, in the posterior fauces, and in the mouth itself, by the numerous cryptæ with which the mucous surface of these parts is supplied. These clots have been

improperly supposed by some as the remains of broken-down tubercles of the lungs; and, consequently, as a pathognomonic symptom of phthisis.

Whilst the sputum remains in the state now described, the other symptoms of bronchial irritation are not alleviated; but in proportion as the phlegmasia advances towards resolution, the expectorated matter changes its character. The mucosity which is excreted, loses by degrees its transparency: it becomes mixed with opaque, yellowish, whitish, or even greenish masses, which are, at first, rare, but which become more and more numerous, until they finally constitute the whole of the expectorated matter. This state of the sputum is generally accompanied with a marked remission of the different symptoms of bronchial inflammation.

The inspection of the expectorated matter may, therefore, serve to denote, with very few exceptions, the period of the malady, and the degree of irritation of the mucous surface of the bronchiæ. In the case of a relapse of the active stage of the inflammation, when the disease has approached its termination, the change which takes place in the expectorated matter, is also a certain index of the return of the phlegmasia in a more acute state. The inspection of the sputa in bronchitis, is also of great importance in a therapeutical point of view. It is from paying attention to the quality of the matter, to its transparency or opacity, to its easy or difficult expectoration, to its rare or frequent excretion, that the practitioner is led to employ one plan of treatment, or one remedy, in preference to another.

When bronchitis, in place of terminating by resolution, passes into a chronic state, the sputum preserves the same appearance which it offered in the last stage of the acute form of the disease. It is opaque, whitish, yellowish, or inclined to green. When it adheres to the bottom of the vessel, it usually swims on the surface of a transparent or cloudy mucus, or then it is suspended in the mucus. Generally the expectorated matter is inodorous, and it usually seems insipid to the patient; it is commonly expelled without difficulty, and without much previous cough.

An attack of bronchitis may remain a long time with a similar expectoration to that which is observed at the commencement of the disease. It is then an acute inflammation indefinitely prolonged, as is denoted, not by the sputum only, but by other symptoms; such as a continual sense of heat and oppression within the chest; violent and painful fits of cough; an elevated temperature of the skin, &c. Hence the necessity of a soothing and anti-phlogistic treatment, notwithstanding the long duration of the disease.

The sputum of chronic bronchitis is, as we have said, generally inodorous; sometimes, however, it is remarkably foetid, almost as much so as the greyish sputum of gangrene of the lungs. There is no particular lesion of the bronchiæ which can be adduced to account for this unusual foetor; it can only be attributed to a specific change of the secreted fluid. We have observed, this

foetor of the sputum in a case of dilatation of the bronchiæ, and in a case of chronic bronchitis, with melanosis of the lungs.'

We must refer our readers to M. Andral's work for the detail of these cases. M. A. proceeds to observe, that 'there is a certain number of acute and chronic cases of bronchitis in which the abundance of the bronchial secretion is truly remarkable. The extremely copious secretion, in many cases, seems to be the chief cause of the exhaustion and death of the patient. The other symptoms of inflammation are frequently scarcely apparent, or even entirely absent; so that we are prevented, in some instances, from connecting this copious flux with the idea of a true inflammatory condition of the secreting surfaces, both as respects the nature of the symptoms and the treatment.' In this opinion we perfectly agree with our very respectable author, and consider the cases which he adduces, at this place, as illustrative of this particular point, to be conclusive respecting it. In the greater number of these instances, the mucous membrane was found, either scarcely reddened, or entirely without any appreciable trace of inflammation. After stating that a very abundant quantity of a mucous, serous, or even purulent fluid, is frequently suddenly secreted by the bronchial membrane, owing to the quick supervention of an acute form of the disease, generally to that which was slight; and after remarking that the effusion may be to such an extent as to produce asphyxia, owing to the rapidity with which the fluid may accumulate in the air passages,—M. Andral details some very interesting cases in illustration of these points, and adds some very judicious observations on each, for which we must refer our readers to the work itself. 'We have thus far,' he proceeds to state, 'seen the intensity of the dyspnœa, in bronchitis without complication, caused either by certain organic alterations of the bronchiæ, or by the accumulation of a large quantity of fluid in them. There are cases both of acute and chronic bronchitis where, without the existence of these causes, and without our being able to discover any other, the respiration is greatly deranged, and where the patients die quickly in a state of asphyxia.' M. Andral relates several cases of this description. The first case was that of a strong young man, twenty years of age, who entered *La Charité*, on the 15th of April, with measles: the eruption was at that time confluent and well characterised. His pulse was frequent and hard, his tongue red, and he had considerable cough: in other respects he had no alarming symptom. About the middle of the night the patient was seized with oppression of the chest, which rapidly augmented, and the following morning he was in a state approaching to asphyxia. Percussion of the chest gave a healthy sound; and auscultation detected the mucous rattle at different points. The eruption had entirely disappeared from the surface; the pulse preserved its hardness and frequency. The supervention of pneumonia seemed evident. Twenty leeches were applied on each side of the thorax, and ten on the epigastrium; a blister was placed on each limb, &c. The patient was much relieved; and the symptoms of acute bronchitis alone re-

maintained. On the 18th, the fever was scarcely perceptible, and the opacity of the sputum announced the approaching termination of the bronchitis, when suddenly, in the night, the respiration again became very difficult. He was blooded to the extent of twelve ounces, the suffocating character of the dyspnœa increased, and he died in a state of asphyxia in the morning. The mucous membrane of the larynx, trachea, and large bronchiæ, was found, on dissection, intensely red. Some small white concretions of lymph were observed in a few points of the surface of the bronchiæ. The lungs were otherwise sound. A little serosity was infiltrated beneath the arachnoid, and a considerable quantity in the ventricles of the brain. The cerebral substance was not vascular.

M. Andral adduces several cases of bronchitis occurring in patients with old ulcers, or complicated with external inflammations, in which the removal or the suppression of the latter was followed by dyspnœa, which, in some instances, proved fatal. On dissection, in such cases, nothing farther than a reddened state of the mucous surface of the bronchiæ is often found to account for a fatal termination. Sometimes even no morbid appearance is at all observed. But attacks of dyspnœa occasionally terminating fatally, may arise from the suppression of external inflammation, without the previous existence of any bronchial disease. M. Guersent reports some cases of this description in the 'Dictionnaire de Médecine,' and two others, in which the dyspnœa proved fatal, without any lesion having been detected after a minute scrutiny of the state of the different organs. The following interesting case is reported by M. Bouillaud:—A man, who had for a long time an herpetic eruption, was admitted in the Hospital Necker. The eruption disappeared without any evident cause; and at the time of its disappearance he was seized with an attack of extreme dyspnœa. He had never been subject to similar attacks. After a minute examination, the thoracic organs were considered sound. Leeches were applied to the chest; a blister on the part where the eruption existed; and an unfavourable prognostic was given. On the following morning his respiration was perfectly free. A similar case has come under our own observation. Our author adduces several, and many others may be brought forward, proving what we have contended for on a former occasion\*, viz. that experience more than theory has taught Physicians of observation, both in this and in former ages, to be cautious how they suppress several exanthemata, or other external inflammations, or the discharges accompanying them; and to endeavour to recall them, by suitable means, whenever they are suppressed, whether the suppression has taken place previous to the appearance of the internal disease, and is, therefore, perhaps, the cause of that disease; or whether the internal disease preceded the suppression of the external one, and therefore, as far as sequence is concerned, is the cause of the suppression. It is difficult in most cases to ascertain the exact procession of the changes, or the exact relation in which

\* See REPOSITORY, No. VIII. New Series, p. 135—142.



the one stands to the other as cause and effect. However, the pathological and therapeutical facts for which we have always contended, are sufficiently evident, and ought to be respected.

M. Andral concludes his observations 'on dyspnoea without organic lesion,' by stating, that 'some of them may be imputed to the sudden congestion of blood in the lungs, and particularly in its mucous surface.' 'Others seem to us to arise from a particular modification of the functions of the pulmonary nerves, constituting true neuroses of the lungs.' The influence which mental affections have on the immediate production of attacks of dyspnoea, seems to prove this to be one proximate cause of the affection.

## II.

*Sur l'Emploi Thérapeutique de l'Iode dans plusieurs Maladies.*  
Par M. G. BÉNADEN\*.

*Of the Therapeutical Employment of Iodine in several Diseases, &c.*

M. BÉNADEN has detailed four cases, in which he prescribed iodine with considerable advantage. The *first case* was that of a boy, of a scrofulous diathesis, in whom an indolent swelling of the wrist supervened on an injury which it had sustained. After having made fruitless trials of several modes of treatment, constitutional as well as local, he prescribed an ointment with the hydriodate of potass, applying also a bandage around the tumour. In the space of eight days, before an ounce of the ointment had been employed, the tumour had become very soft, and had diminished greatly in size. Finally, after having continued the frictions for about a month, twice daily, the swelling entirely disappeared.

*Case 2d.*—A child, seven years of age, of an hereditary scrofulous diathesis, and affected with scrofulous ulcerations of the submaxillary glands, had been recently affected with dysenteric diarrhoea, which gradually subsided; but the abdomen became hard, tumid, and obtusely painful, with fever. To this state diarrhoea again supervened: the stools were foetid and copious. The abdomen increased in size, and the limbs were emaciated. The symptoms, altogether, announced the existence of chronic mesenteritis, with, perhaps, disease of the mesenteric glands. M. Bénaden prescribed five drops of the tincture of iode, made according to the formula of M. Coindet, three times a day, in half a glass of the infusion of hops, with light and nutritious food, and a tisane of hops, with a little sulphate of soda dissolved in it, for the usual drink. Ten days after the commencement of the treatment, the stools were somewhat improved, but still frequent. The sulphate of soda was omitted, the tincture of iode increased to eight drops, three times a day, and a chalybeated tisane of hops was ordered for common drink. Nine days after this prescription he was much improved. The dose of the tincture was carried to twelve drops, and aromatic fric-

\* Revue Médicale, &c. October 1824.



tions were directed to be used on the surface of the body. About a month afterwards the abdomen was much softer, but still large, and his general health much improved. The iodine was discontinued, and again resumed; and the tonic plan of treatment persisted in. A few weeks afterwards his abdomen became much smaller; it presented no where any sensible alteration; fever had disappeared; the cervical glands had resumed their natural size; and the patient's health was restored.

*Case 3d.*—A female, fifty years of age, of the nervous temperament, had had, eighteen years ago, an inflammation of the right mamma, which was dissipated by the usual treatment, leaving, however, an induration of about two inches in extent, which had continued ever since. The patient had ceased to menstruate five years ago. She had occasionally felt lancinating pains in the breast, which was indurated previous to September 1823 when she received an injury on it, producing swelling, inflammation, and the formation of an abscess. The author enlarged the opening of the abscess soon after it had burst. Cicatrization took place, the inflammation subsided, but the primary induration had very considerably increased. It had even formed a second induration distinct from the other, the hardness of which it had not yet reached. The lancinating pains became more frequent and severe; they darted towards the axillary glands, and the symptoms were altogether such as to induce M. Bénaden to inform his patient of the approaching cancerous degeneration of the mamillary glands. He prescribed a pomade, composed of a dram of the hydriodate of potass, in an ounce of axonge, to be rubbed upon the breast; and the tincture of iodine internally, in the dose of six drops three times a day, with a few drops of the tincture of opium, in order to correct the irritating effects which the iodine produced on the stomach and bowels. This treatment was continued for five weeks, at the end of which time it is stated to have terminated in complete success.

The author appends some reflections to this case, in which he contends for the propriety of exhibiting iodine, in different forms and combinations, in scirrhus or cancerous affections of the breast, and for the probability of its success. He very properly advises that this medicine ought to be combined with opium, in those cases wherein it is nauseated, or ejected by the stomach, or when it irritates the bowels. We are of opinion, that it should always be given in emollient and mucilaginous mixtures, and that opium should be combined with it both when given internally, and when used externally in the form of an unguent.

The 4th Case, is one of stricture of the urethra, occurring in a man of a scrofulous diathesis, and who had been always subject to enlargement of the submaxillary glands. M. B. considered that the stricture in this case arose from a scrofulous enlargement of the small glands of the urethra, induced by previous attacks of gonorrhœa. Influenced by this belief he prescribed an ointment, composed of a dram of the hydriodate of potass, and an ounce

and a half of axonge, to be rubbed upon the penis, over the urethra. After the first applications, an eruption of a number of pimples took place; the quantity of the hydriodate in the ointment was therefore diminished, and the local irritation did not again occur. The frictions were employed twice a day, and the penis was enveloped in flannel. After the lapse of twelve days, a discharge from the urethra supervened; four leeches were applied over the urethra, and the treatment suspended for ten days. The symptoms of irritation soon ceased; the frictions were resumed, and continued with such success, that, at the termination of a month, he passed his urine without difficulty, and a bougie was introduced with ease into the bladder.

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## PART IV.

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### MONTHLY COLLECTION

OF

### MEDICAL FACTS AND OBSERVATIONS.

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#### PHYSIOLOGY.

*Of some Points in Physiology.* By M. SEGALAS, d'Etchpare, Associated Professor of the Faculty of Medicine of Paris, and Member of the Royal Academy of Medicine.\*

I GIVE the facts and inferences which follow as the result of a series of experiments performed on several species of animals.†

OF ABSORPTION. — 1. When an energetic poison, which acts on the system by being absorbed into the circulation, is introduced in the bronchiæ, in a liquid form, it produces the phenomena of poisoning much more rapidly, and in much smaller doses, than if it were applied to any other part of the mucous surfaces: for example, two grains of the alcoholic extract of *nux vomica*, dissolved in two ounces of water, produced in a few seconds, through the medium of the bronchiæ, a tetanus which was always followed by immediate death, in a dog of the middle size.‡ When *two drams* of the same substance, dissolved in a sufficient quantity of water, were placed in the urinary bladder of a dog of the same size, no convulsive motions were observed until after the lapse of twenty minutes, and death never took place till some time afterwards.||

\* Journal de Physiologie, Juillet 1824.

† Those experiments which regard absorption, circulation, and exhalation, were made, for the most part, on dogs and cats; those which relate to respiration, calorification, and the nervous action, were nearly all performed on guinea-pigs and rabbits.

‡ The injection of the same quantity of pure water into the bronchiæ of a dog of this size was not followed by any marked effect.

|| Half a grain of the extract of *nux vomica*, injected into the bronchiæ,

These results, on the one hand, prove that very great differences exist between different parts of the body, as respects the quantity of the substances which they absorb, and the time which the absorbed substances require in order to arrive at the nervous centres, or, if it be preferred, as regards the energy and rapidity of absorption; and, on the other hand, they seem to shew that these circumstances of absorption — its *energy* and *rapidity* — are in relation with the mass of blood sent to the organs, and the promptitude with which it is returned.

2. Those poisons which act in a direct manner on the nervous centres produce their effects more quickly when they are introduced in a fluid form into the bronchiæ, than when they are injected, in the same form, into the veins.

This result seems to announce that less time is required for the passage of the poison to the nervous centres, through the channel of pulmonary absorption, than through that of venous circulation; and proves that pulmonary absorption, or the passage of a substance applied to the mucous surface of the lungs into the blood-vessels of these organs, takes place more rapidly, than the transmission of the dark-coloured blood of the principal veins to the divisions of the pulmonary artery.

3. Innocuous substances, medicines or poisons, and liquids, are indifferently absorbed, provided that they be miscible with the blood, and produce not a corrosive action on the organised textures: as water, narcotic poisons dissolved in water, dilute alcohol, &c.

Hence it may be inferred that the organic sensibility does not preside over absorption, or that the insensible organic contractility is frequently deceitful.

4. Substances which are not miscible with the blood, although in a liquid state, are not absorbed, or, at least, very sparingly and very slowly. Thus oil, for example, injected into the peritoneum of a dog, is found in the same situation, eight or ten days afterwards, apparently in undiminished quantity; and it, moreover, acts as a powerful irritant of this membrane, and inflames it throughout its whole extent.

This proves that medicines, which are submitted to the function of absorption, will act with more energy in aqueous than in oleaginous vehicles, and probably, also, with more activity than in butyrous or greasy vehicles; and it seems to prove the impropriety of anointing the fingers with oil or butter previous to reducing the intestines, in the case of penetrating wounds of the abdomen, or when handling the intestines after the operation for hernia.

5. Substances which immediately disorganise the tissues to which they are applied are not absorbed, even when in a liquid form: as the concentrated mineral acids, &c.

sufficed to kill a very large dog in less than two minutes. Two grains were introduced into the stomach, the peritoneum, or the pleura, of an animal which was much feebler, without a fatal, or even sometimes without any sensible effect.

This explains why the action of these substances is at first local, and afterwards local and sympathetic ; and proves that the re-action of the economy on these deleterious agents, or, as may be said, the resistance which it makes against receiving them, appertains less to the exercise of organism than to the absence of the organisation — than to the immediate destruction of the absorbing conduits.

OF THE CIRCULATION. — 6. If the aorta of a dog be tied immediately above its bifurcation into the internal iliacs, the animal soon exhibits signs of weakness of the hinder extremities, and, after eight or ten minutes, or more or less, as he is kept in a state of repose or activity, he can scarcely support himself upon them.

This fact, joined to those obtained from observation, shews that the presence of arterial blood is necessary to muscular action.\*

7. When the vena cava inferior is alone tied in the same species of animal, and in the same situation as in the foregoing experiment, the hinder extremities, although enfeebled, still preserve their power of motion ; but they become engorged with blood, and a few hours afterwards (four, five, six, or even more hours,) they are infiltrated with serosity.

This experiment shews that the suspension of the venous circulation in the limbs is less serious than suspension of the arterial circulation ; and suggests to recollection the occurrence of œdema from the interruption of the venous circulation in different morbid states.

8. When the aorta and vena cava inferior are both tied, at the same time and at the same height, the animal preserves the faculty of moving its hinder extremities, from fifteen to twenty minutes, or more.

This experiment evinces two things, and, at least, proves one, viz. that the arrest of the venous circulation retards the loss of the stimulating qualities of the arterial blood, and that the venous blood, in place of being a stupefactive, as it has been called, is only less stimulant than the arterial blood.

9. If, in order to remove a kidney or the spleen, the vessels of these organs be divided by a sharp instrument, and not secured by ligature, the animal dies of hæmorrhage ; whilst, if these viscera be torn out, and the vessels, consequently, lacerated, but little blood is effused, and the use of ligatures is superfluous.

[The whole of the experiments under this head, particularly the last, is superfluous, and merely proves self-evident truths in physiology. Could the author be really so simple — so good-naturedly humane — as to tear out a kidney or the spleen of a living animal, in order to shew that a blood-vessel torn asunder in this manner does not bleed, when he could adduce a score of accidents, if his reading and experience be at all what it ought to be, directly and most unequivocally proving the fact ?]

OF RESPIRATION. — 10. If the trachea of a mammiferous animal be tied on a solid cone, so as completely to prevent all entrance of the

\* Who ever doubted the fact, which our author has thought proper to prove by experiment ? But many of our experimenting neighbours will leave nothing to observation and reason.

external air into the bronchiæ, the animal dies of asphyxia in a determinate time, although the exact period may vary according to its age and species. If, in an animal of the same age and same species, placed in similar circumstances, the chest be largely opened at the same time that the trachea is tied, death takes place more slowly. A similar delay, although less marked, is also observed in death following the closure of the trachea, if the abdominal viscera be exposed to the air by a crucial incision, or if the subcutaneous cellular tissue be exposed by skinning the animal.

This result proves that the oxygenation of the blood, as well as the discharge of carbonic acid gas, may take place in other parts beside the mucous surface of the lungs, as in the serous surface of these organs, in the peritoneum, and in the subcutaneous tissue. It next seems to evince that the faculty which man enjoys of recovering from a state of prolonged asphyxia, whilst other mammiferous animals are never restored to life, after all motion has been lost for a few seconds, is owing to the naked state of the human skin, allowing a partial respiration to take place on its surface, which is refused to animals covered with hair and other epidermoid structures. Finally, it confirms the utility of dry frictions of the skin of an asphyxied subject, both as respects their sympathetic action on pulmonary respiration, and the local influence which they ought to exercise on cutaneous transpiration.

11. When a large opening is made in one of the venæ cavæ, or even in one of the jugular veins, of an animal which is asphyxied, at the moment when its heart has ceased to beat, the action of this organ is immediately re-established; doubtless because its right cavities, being distended with blood, acquire, from the bleeding, the faculty of contracting themselves, and draw the left side of the heart into a similar action.

This experiment shews the propriety of venesection in the treatment of asphyxia, and the preference which the jugular vein merits over the other veins.

OF EXHALATION. — 12. If the pulmonary circulation of a dog be suddenly arrested, by injecting in the veins a certain quantity of a fluid not miscible with the blood, as an ounce of oil, and the body be examined immediately after death, which occurs in two or three minutes, nothing remarkable is observed but the presence of oil in the minute divisions of the pulmonary artery, distention of the right cavities of the heart, and congestion of the large corresponding venous trunks. But if an animal, on which the same experiment is performed, be not opened till ten, fifteen, and, above all, twenty or thirty hours afterwards, the serous cavities, particularly those of the chest, are found occupied by effused serum, either pure or slightly sanguineous; and the right cavities of the heart and the corresponding veins are observed to contain but little blood, and what they do contain is partly deprived of its serum.

This difference proves that serous, or sero-sanguineous effusion, found in the serous cavities of man, on dissections made twenty, twenty-four, or thirty hours after death has taken place, may be,

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either wholly or in part, the result of *post mortem* changes, especially when death has been preceded by a greater or less obstruction of the pulmonary circulation.

13. If the trunk of an artery be isolated by the application of two ligatures, taking the precaution of applying them so that the isolated portion be distended by blood, it soon loses its volume — is reduced in a few hours nearly to the thickness of its parietes, and is found to contain only a small quantity of dark-coloured and coagulated blood.

This experiment proves that it is sufficient that arterial blood be stagnated in its vessels, in order to become dark-coloured and lose part of its serum; and explains also the livid appearance of parts which are strangulated, and the development of the phlyctenæ which arise on their surfaces.

OF CALORIFICATION. — 14. When a thermometer is plunged into the abdomen of an animal, the temperature is observed to rise as it is held the nearer the diaphragm, and to sink as it is removed downwards and at a distance from this muscle. The difference of temperature observed in this way varies from three to four degrees of Reaumur. Analogous differences are observed when the thermometer is placed under the skin of various parts of the body; shewing that, according as we recede from the chest and principal arterial and venous branches, so the temperature diminishes, and *vice versa*, all things being alike in other respects.

These facts denote that the temperature of the body is not so equable throughout as it is imagined, and they seem to point to the chest as the principal source of animal heat, and the blood as the vehicle of its distribution.

OF THE NERVOUS SYSTEM. — 15. If, in a male *cabiais*, whose brain has been exposed, a stylet be plunged in the cerebellum so as to reach the upper portion of the spinal chord, an *erection* is produced; and if the stylet be pushed into the vertebral column, until it reaches the lumbar region, *ejaculation* takes place, whilst the bladder, even though it be full, still retains its contents. The same phenomena are observed in the decapitated animal when the stylet is plunged from above downwards into the spinal marrow. The laceration, in this way, of the brain only, or of the inferior portion of the spinal chord, is never followed by similar results; the same may be said of the laceration of the cerebellum, at least as respects its superior, posterior, and inferior parts.

This seems to evince a particular relation between the excretory apparatus of the semen and certain parts of the spinal marrow, without disproving that which is said to exist between the cerebellum and the genital organs.

17. Several substances which are considered to cause death by asphyxia, amongst others camphor, operate by means of their direct action on the nervous system, as I believe I have demonstrated as regards strychnine, in a letter addressed to M. Magendie in October 1822, and as may be easily proved by the same sort of evidence.



Hence it may be concluded that the insufflation of air into the lungs is an useless means of treatment, in poisonings by these substances.

PATHOLOGY.

*Observations on Obliteration of the Biliary Ducts.* By  
M. ANDRAL Jun.\*

OBLITERATION, complete or imperfect, temporary or permanent, of the passages to the mucous surface, have been referred to four principal causes. These are — 1st, obstruction of their cavity by a foreign body; 2d, compression of their parietes by membranous fibres or tumours of various kinds; 3d, spasmodic contraction, independently of inflammation; 4th, an inflammatory action, giving rise to congestion and thickening of their mucous surface, as also of the subjacent structures, &c. If we examine the influence of these different sets of causes on the obliteration of the biliary ducts, we shall find that it is frequently produced by the two first; that, in the great majority of cases, the third has been rather supposed than demonstrated; and that the fourth has hitherto attracted but little attention from Physicians. Authors who have noticed it have established its existence *à priori*, rather than shewn it from anatomical inspection. The following observations are published with a view to supply this defect. Several *icteri*, generally attributed to spasm of the biliary passages, seem to us rather to be caused by inflammation, more or less intense, of their mucous membrane. Thence arise congestion and obliteration of the canal, more or less complete. The same is observed elsewhere, in all narrow ducts which may be the seat of inflammation. This obliteration may be but temporary, if the congestion causing it be quickly removed. It may remain long, and become even permanent, when the inflammation passes into the chronic state.

CASE I. *Icterus, with Pain and Tumefaction in the Right Hypochondrium, Obliteration of the Ductus Choledocus, Rupture of the Ductus Hepaticus, and Peritonitis.* — A shoemaker, aged thirty-five, entered the hospital (*La Charité*) November the 8th, 1821. Six days previous, after a debauch, he was seized with a considerable pain in the right of the epigastrium, a little below the edge of the ribs. In the morning ensuing he discovered himself to be yellow. On the 9th (the seventh day), he presented the following appearances: — A yellow tint on the conjunctiva and the whole surface of the skin; an obtuse pain in the right hypochondrium; below the anterior extremity of the eleventh rib a pear-shaped tumour is perceptible, moveable under the finger, and indolent, its large extremity extending a little beyond the level of the umbilicus, and the small losing itself behind the ribs. Tongue natural; thirst considerable; no appetite; stools scanty and colourless; pulse frequent; skin hot and dry. We considered the tumour of the side to be produced by the gall-bladder filled with bile. (*Leeches to the*

\* Collected at the Hospital of *La Charité*, in the wards of M. Lermnier. We give an unabridged translation of this excellent paper.



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*anus; whey, with acetate of potass; diète.*) During the four following days the tumour augmented; but no other change took place. In the course of the 13th of November (eleven days from the occurrence of the pain), the patient was suddenly seized with a more acute pain, which, arising in the region of the liver; soon spread over the whole of the abdomen. Upon seeing him next morning we found the pain continuing: its extreme acuteness, and its augmentation on the slightest pressure, satisfactorily shewed that it was caused by peritoneal inflammation. At the same time, the countenance was pale, collapsed, and greatly altered, with general anxiety in the highest degree; pulse small and very quick; extremities cold. (*Two blisters to the legs; twenty leeches to the abdomen.*) Died in the afternoon.

*Dissection.* — The peritoneum was filled with a purulent liquid, whose tint, generally yellow, was more so in the right side. The internal surface of the duodenum was intensely red. The opening of the choledoc canal, which is, in general, not discoverable without some search, was marked by a small roundish tumour, pierced in the centre with a sort of capillary orifice, not more than a line wide, and elevated about three lines above the level of the intestinal surface. A very fine probe, introduced by the opening of this tumour, at first pointed out no cavity; but, on being pushed with force, it appeared to pass some obstacle and entered the choledoc canal, which it traversed throughout its entire length with difficulty, as if the ordinary passage were effaced, and the probe had in a manner re-established it, as it was pushed cautiously from the gut towards the liver. Upon making incisions, it, in fact, presented an almost imperceptible cavity; its parietes were considerably thickened; besides which, they were torn by the slightest force. On the other hand, the hepatic and cystic ducts were remarkably enlarged, as was also the gall-bladder. A little before the union of these ducts, a perforation was found in the hepatic, of an irregular round form, and large enough to admit a pea. Round this orifice the texture of the duct did not appear to be any way altered. The cause of the peritonitis was now evident. Nothing remarkable was detected in the structure of the liver. The stomach exhibited some red spots, the colour of which was in the mucous coat. The rest of the intestinal canal and the other organs appeared healthy.

*Reflections.* — There are few cases in which the symptoms observed during life have so strict a relation to the lesions found in the body. In consequence of an irregularity in diet, inflammation took place in the stomach and duodenum; and while in the former of these organs it was but slightly marked, it ran to a greater degree in the other. The irritation in the mucous coat of the duodenum was extended by continuity of structure to that which lines the ductus choledocus; in like manner as, in ophthalmia, inflammation involves the lachrymal ducts, and in urethritis, the seminiferous tubes. Thence arises congestion in the mucous membrane, obliteration of the passage of the ductus choledocus, and consequently an accumulation of bile in the gall-bladder, the formation

of a tumour in the hypochondrium, probable absorption of a portion of bile, and the production of jaundice. With respect to the ductus hepaticus, the increased capacity which it presented seems to prove that it had been greatly distended by bile. Was this distention carried far enough to cause the rupture of its coats? It may be supposed so from their insignificant thickness. Another remarkable circumstance is, that the inflammation, very intense throughout the whole extent of the ductus communis, should have been confined to that passage, and that the hepatic and cystic canals were not at all involved in it. Other mucous surfaces likewise present frequent instances of inflammation, the seat of which, as in the present case, is rigidly circumscribed. Thus, in the majority of cases of gastritis the redness of the mucous coat terminates abruptly, in one place at the cardia and in another at the pylorus. Nor is it rare to find one side of the ileo-cæcal valve of a bright-red hue, and the other white. This change of colour takes place all at once. No intermediate tint separates the inflamed spot from the sound.

**CASE II.** *Icterus, with Tumefaction and Pain in the Right Hypochondrium — cured.* — A man, about thirty years of age, for two days experienced a very acute pain in the right hypochondrium, at the end of which he became jaundiced. When he entered the hospital, in the summer of 1824, the icterus and pain were still present. Immediately beneath the cartilaginous margin of the ribs, and a little within a straight line whose lower extremity may be supposed to correspond with the anterior and superior spine of the os ileum, a pyriform tumour was perceptible, moveable, extending about two fingers' breadth beyond the edge of the ribs, and prolonged behind them. This tumour we conceived to be caused by the gall-bladder, enormously distended by a great quantity of bile. The pulse was frequent; the skin hot; obstinate constipation. (*Twenty leeches to the anus; barley water; enema; pediluvium.*) On the morrow the fever was gone; during the three ensuing days the tumour first diminished, and then subsided entirely, along with the pain. The yellowness disappeared; the alvine evacuations returned; and the patient was speedily dismissed, doing well.

**Reflections.** — This case, compared with the preceding, affords the strictest analogy between the commencement of the disease and its symptoms. In the one and in the other, the right hypochondrium is first affected with pain; speedily it exhibits a circumscribed tumour, evidently formed by the gall-bladder; and at last jaundice, with fever, declares itself. In the first case the patient sinks under peritonitis, and an inflammatory congestion is discovered in the choledoc canal, explaining all the derangements which took place prior to the peritoneal inflammation. In the second case the same derangements are promptly dissipated under the influence of antiphlogistics, and the patient is restored to health. The identity of the phenomena ought, in my opinion, to establish an identity of cause. In the second, as in the first, the pain and swelling of the hypochondrium, the icterus, the febrile action,

appear to be properly referrible to the inflammatory obliteration of the choledoc canal. Being the result of acute inflammation, this obliteration is discussed as resolution takes place. Let us now proceed to cases where inflammation, become chronic, has occasioned a permanent obliteration.

**CASE III. *Icterus continuing for several Months; Obliteration of the Choledoc and Cystic Canals; Rupture of the Gall-bladder; Superacute Peritonitis.***—A porter of the *Halle*, aged sixty-four, came into *La Charité* in the last fortnight of December 1821. Three months before, he had, without any known cause, been seized with bilious vomitings, which lasted several days. They ceased spontaneously, but were succeeded by very copious diarrhœa, which continued about a month, and exhausted the patient. Towards the middle of September, the alvine flux abated, but he did not regain strength; the appetite was nearly extinct, and his food with difficulty digested. He then began to perceive that his eyes and the whole surface of the body were decidedly yellow. In the mean time, although daily losing flesh and strength, he continued at his work, until about eight days before his admission to the hospital, at which time he was in the following state:—

The whole skin was of a greenish yellow; emaciation considerable; the tongue not much altered from the natural state; but there was complete anorexia, and the small quantity of food introduced into the stomach caused a sensation of weight and heat in the epigastric region, which remained during several hours. The stools were rare, of an ash-grey colour. The abdomen, examined carefully, displayed no tumour, but was soft and indolent throughout. The pulse, no way frequent in the mornings or throughout the day, was somewhat accelerated every evening. Leeches, applied to the epigastrium, did not improve the digestive function; a blister applied in the same place had more effect. His sole nourishment consisted of milk and broths. About fifteen days after his admission, the state of his stomach seemed to be improved; the febrile accession in the evening was less marked, but icterus continued, and the strength did not return, while the emaciation increased. He was ordered vichy water, whey, with the addition of cream of tartar, and pills of calomel and soap.

On placing him one morning in a sitting posture, he felt a sudden *tearing* [*déchirement*], as he expressed it, in the right hypochondrium. In a few minutes acute pain came on, first in the right loin, and then throughout the abdomen. On the morrow, when we saw him, he presented unequivocally all the symptoms of acute peritonitis. The abrupt manner in which it came on, and the sensation of tearing so decidedly felt by the patient, led us to think that this peritonitis was caused by a perforation in the intestines. (*Thirty leeches were applied to the abdomen.*) During the day he sunk rapidly, and died in the course of the night.

**Dissection.**—A great quantity of liquid, of a dirty grey colour, and muddy-like, was effused in the peritoneum, which, in several

places, was already covered with membranous concretions. The stomach and the rest of the digestive tube, though carefully examined, displayed no perforation; but the gall-bladder, reduced to a very small capacity, and almost wasted, exhibited on its inferior surface, not far from the great extremity, a hole about as large as a five sous piece. The internal surface of the bladder presented nothing remarkable; but its parietes appeared to us to be throughout extremely tender. In attempting to explore the cystic duct from the interior of the bladder, we could not get into it. Cutting then into the ductus choledochus, in order to approach in that direction, we found that the cavity of these two passages was become so small that the finest probe could not be passed. This nearly perfect obliteration was the result of considerable thickening of their coats. The hepatic duct, on the contrary, was much dilated, and full of biliary calculi. No derangement was perceptible in the structure of the liver. The mucous membrane of the stomach was considerably thickened throughout, of a slate grey colour, and as it were tuberculated. The subjacent cellular tissue and muscular coat partook, in a remarkable degree, of this preternatural thickness. The slate colour of the stomach extended into the duodenum. The rest of the alimentary canal exhibited no material alteration, nor was any thing extraordinary observed in the remaining viscera of the three cavities, except a decided yellowness of the *dura mater*.

*Reflections.* — Here again an almost complete obliteration of part of the biliary ducts was, in all probability, produced by an inflammatory state of these cavities. As in the preceding cases, the disease first displayed itself in the form of a simple gastro-intestinal inflammation; in the same way, the inflammation extended, quickly to the biliary ducts, and from their congestion arose icterus. So far, all is analogy among the three cases; but, in addition, the inflammation in the last case passed to the chronic state, and, after several months' duration, caused a thickening in the biliary passages, which, if the patient had lived a while longer, in all probability would have ended in perfect obliteration, and they would have been found in the state of a ligamentous cord — of which the next case furnishes an instance. The obliteration of the ductus cysticus explains how, in this case, the gall-bladder, instead of being distended and forming a tumour, was, on the contrary, contracted to a very small size. Its parietes, rendered soft and tender, seemed to have partaken of the inflammation which attacked the cystic and choledoc ducts; only the inflammatory action which had thickened and indurated *their* coats, softened those of the bladder. We need not be surprised at these opposite effects of inflammation in different portions of the same tissue: frequent exemplifications of it occur in the mucous membranes. Thus, where the same inflammatory symptoms are present, we sometimes find the mucous coat of the stomach softened in such a manner, that it is nothing but an inorganic pulp; at others, again, it is thickened and hardened beyond its ordinary state: and in certain individuals these two

morbid states are blended in different parts of the stomach. The rupture of the softened parietes of the gall-bladder belongs, therefore, to those cases in which perforations of the stomach or rupture of its coats are but the extreme degree of their softening. As to the sensation of *tearing* perceived by the patient, it has been experienced also by those in whom perforations of the stomach and urinary bladder have occurred. We have elsewhere given cases of this.\*

CASE IV. *Old Icterus, with Ascites; Obliteration of the Choledoc and Cystic Canals; Atrophy of the Liver.* — A man, aged fifty, came into the hospital about the beginning of December 1820. During seven months he had been affected with jaundice. He assured us that he had never felt any pain in the abdomen; but for about three months there had been a tumefaction of that cavity. Upon examination, we found the whole skin, and also the conjunctiva, of a yellow hue, inclining, in the face, to green. There was enormous ascites. The lower extremities were but slightly œdematous. The digestive functions were in no way impaired, except by an habitual defect of appetite and obstinate constipation; the stools were defective in consistence and quite colourless. The urine scanty and greenish. Complete apyrexia. The thoracic organs appeared to be sound. A slight impediment to respiration seemed to arise from pressure on the diaphragm, from the fluid contained in the peritoneum. We considered the ascites to depend upon an affection of the liver. (*Tisanes and diuretic drinks; pills of calomel and soap; frictions with tincture of digitalis on the limbs.*) No change took place during the next ten or twelve days; after which the appearance of the countenance suddenly altered, and he sunk unexpectedly.

*Dissection.* — The contents of the cranium, in general, soft, as if soaked with serosity; in other respects no lesion. Thoracic organs quite sound. The peritoneum filled with an enormous quantity of limpid serum, of a citron yellow colour, but without any indication of inflammation. The liver remarkably small, as if shrivelled, and sufficiently of an olive grey colour; in other respects no perceptible deviation from the ordinary state. From the divided orifices of the biliary ducts, contained within the liver, flowed an abundant quantity of a fine green matter, resembling the resinous portion of the bile when separated from the other constituents of that fluid. The principal branches which by their union form the hepatic canal, as well as the canal itself, were considerably dilated and filled with small coagula of a yellow substance, such as we obtain by treating the bile with nitric acid. The hepatic duct exhibited a similar dilatation as far as the point of junction with the cystic. This last canal, as also the choledoc, throughout its whole extent, was transformed into a ligament, in which it was impossible, by the most careful examination, to discover even the remains of a cavity. The gall-bladder, greatly contracted, was modelled upon an irregular

\* *Researches on the Pathological Anatomy of the Intestinal Canal.*

concretion formed by hardened yellow matter. The spleen was very large. All the other organs, the intestinal tube in particular, appeared to be in their ordinary state.

*Reflections.* — In this case the obliteration of a part of the biliary ducts was more complete than in the preceding. The cystic and choledoc were mere ligaments without the vestige of a cavity. The etiology of this kind of obliteration is more obscure than that of the other cases; and it is merely by analogy that inflammation is admissible as the probable cause. If this inflammation did exist, it must have been dull and latent; there being no proof that, in the ductus choledochus, it was consecutive to gastro-intestinal inflammation. If we wish to avoid mistakes, let us rigidly observe the distinction between that which is merely probable and that which is proved. We shall therefore merely point out certain other interesting circumstances in the present case; such as the different appearance presented by the bile in the small branches and in the great trunk of the hepatic duct; the isolated state of the two principal elements of that fluid (the green resinous and yellow matter); the particular state of the liver, often observed in ascitic cases; the sort of compensation that appeared between the small size of the liver and the enormous magnitude of the spleen; and, finally, the unexpected death of the patient. This sort of death, almost always sudden, without suffering, without previous derangement of the pulmonary or cerebral functions, is by no means rare in dropsical complaints, particularly where the dropsy is connected with such a state of the liver as that now in question. In this case, as in many others, the cause of death is entirely unknown.

From the facts stated in this paper, we may draw the following conclusions: —

1st, Certain icteri, generally attributed to spasm of the biliary ducts,\* are the result of inflammatory congestion of these passages.

2d, This congestion is often consecutive to gastro-intestinal inflammation.

3d, The obliteration of the biliary canals may be momentary, as also the inflammation producing it. If this latter remain, the obliteration may become permanent, in consequence of thickening of the coats of the duct, and its final transformation to an impervious ligament.

4th, The obliteration may be either general or partial. In this respect, we may anticipate a great number of varieties which farther investigation may ascertain. If the choledoc alone is obliterated, the others, gorged with bile, may undergo a greater or less dilatation; and this may be such as to occasion a rupture. The gall-bladder, equally distended, protrudes under the ribs and occasions a tumour of variable dimensions. It may likewise burst, either by excessive distention or by inflammatory softening of its coats. — *Archives Générales*, Oct. 1824.

\* Cases 1 and 2.



*A Case of Rupture of the Anterior Portion of the Left Ventricle of the Heart.* By M. CARRIER.

An advocate, of about fifty-six years of age, of a strong constitution, muscular frame, somewhat corpulent, and of a choleric disposition, was attacked, after mental irritation, by hemiplegia of the left side, which was cured by bleeding and antiphlogistic regimen. About two years after, he married a woman of very irregular habits, and indulged himself to an excess *dans les plaisirs d'Hymen*. In the course of two years he had an ulcer on the penis, for which he was compelled to use mercurial frictions, notwithstanding which, he was in the habit of seeing his wife, who told him it was of no consequence. After the lapse of nearly two more years, he was seized during the winter with a very severe pneumonic affection of the right side: his health was scarcely re-established when he began to use frequent and severe exercise. In April 1823, nearly six months after the last attack, he began to complain, for the first time, of a sense of constriction at the præcordium, which was much increased by any excess either of bed or board. This tightness became habitual, and soon after was changed into pain, whenever he walked faster than usual or went up stairs, and it at length became so severe as to compel him, on these occasions, to stand still for some minutes. On the 28th November, after a violent fit of passion, and having indulged himself to an excess *dans les droits d'un marié* during the night, the sense of tightness across the præcordium, with pain extending from thence to the left side of the neck, over the shoulder of that side, became severe; the epigastrium was tense; and he eructated from time to time with but slight relief. The next day he was better, he took exercise, was cheerful, and had some appetite; but still the pain across the diaphragm was more acute than usual. It, however, returned with greater intensity than ever about two hours after dinner, along with much swelling of the shoulder, which extended down the left arm, and great tension of the epigastrium. At eleven o'clock at night, M. Carrier was requested to see him; he was sitting up, and was in perfect possession of his faculties; he complained of a severe pain at the heart, and at the inferior part of the sternum, which stretched from the origins of the pectoral muscles along the inner part of the left arm to the fore-arm, where it was more acute than in any other part. Countenance was pallid, the lips without colour, nose and feet cold, tension and a sensation of weight in the epigastrium and lower part of the chest. The respiration was free, and the thorax was sonorous throughout, except over the heart, where the sound was dull. When the hand was pressed firmly over this part, the pulsations of the heart, though feeble, were regular, and were distinctly to be felt. The pulse was quick and firm. From time to time the anxiety and pain of præcordium increased, and that of the fore-arm was nearly insupportable. He was now threatened with suffocation, and wished to be placed upon a couch, when he instantly fell backwards, and lost all remembrance of external objects; the pallidity was greater than



before ; the pulse weaker, but as frequent ; respiration slower : after a short time colour returned to the cheeks ; he evacuated a considerable quantity of wind from the stomach, followed by nausea and some tenesmus. An antispasmodic drink was given, and two dry cupping-glasses were applied over the heart. He would neither allow of being properly cupped with scarifications, nor would he permit the application of thirty leeches to the part affected, or the use of dry friction or sinapisms to the feet. During the night he had frequent and long attacks of lipothymia and the pain in the fore-arm, which was so severe that he said he did not feel that of the heart ; he was very restless, and could not find any position of the body which could afford him relief. At six o'clock A. M. he obtained some rest ; he endeavoured to dull the pain of the fore-arm by holding it very firmly with the other hand ; the pulse was still quick and hard, but he steadily refused to be cupped. Up to this time M. Carrier had hesitated to bleed him (which he had all along considered necessary), as the patient said he was always worse after such loss of blood ; but at length he himself earnestly requested it might be done. M. Carrier took advantage of a remission of the paroxysm, and bled him, taking, at the same time, every precaution to stop the flow of blood, should he be threatened by syncope. Two table-spoonsful had scarcely escaped, when the patient fell back, exclaiming that the pain of the heart was greater than ever, and immediately became insensible ; the veins of the neck swelled, the face became of a violet hue, convulsions of the eyes and upper extremities, coldness of the lower ones, murmuring extreme, paleness — death.

Twenty-four hours after death the body was examined : the pericardium was much distended and very vascular ; on slitting it up, about two ounces of bloody serum escaped. It also contained a coagulum weighing about seven ounces.

This clot surrounded the whole anterior surface of the heart, and it was retained in the situation of the septum of the ventricles by two prolongations ; one, which was filiform, entered a hole about an inch and a half from the apex of the heart ; the other, which was flattened, corresponded to a longitudinal rent of about an inch in length, and in the same direction as the hole, only about an inch and a half above it. The heart itself was very large, soft, and very fat, more particularly at the right ventricle and at the inferior part of the left one. The parietes of the latter, on being cut up at their edges, appeared not to have lost their thickness, excepting at the apex, where they were very thin and supported by the fat ; the muscular part was of a pale red colour and very friable ; its cavity was slightly enlarged, and near the septum some old coagula were adhering, being retained by one of the columna carnea. The substance of the heart beneath these coagula appeared as if it had been bruised, and formed a deep cavity in the walls of the ventricle, the thinnest part of which corresponded to the great fissure ; a probe could easily be passed through the great perforation, and along a

small sinus into the aneurismal sac. The right ventricle was (excepting the columnæ carneæ) nearly all fat.

The lungs, in other respects healthy, were emphysematous and gorged with blood, particularly posteriorly.

The intestines were filled with flatus. Neither of the other cavities nor any of the vessels were opened.—*Journal Universel des Sciences Médicales, Septembre 1824.*

#### PRACTICE OF MEDICINE.

##### *Of the Efficacy of the Cold Affusion in Poisoning by Opium.*

By M. LE BAR. DE WEDEKIND.\*

SINCE the period when we first introduced the cold affusion to the notice of the Profession, as a remedy against the effects of large doses of opium, several cases have been recorded of its successful employment, both in America and in Germany. M. Wedekind, having been informed of the case in which we resorted to it, has since prescribed it in several instances, and recommended its adoption to others. In an article in the journal now before us, he relates several cases, of both the accidental and intentional ingestion of a large quantity of opium, in which the cold affusion on the head of the patient was eminently successful.

## PART V.

### MISCELLANEOUS INTELLIGENCE.

#### *Property in Lectures.*

OUR readers do not require to be apprised of the system of plunder that literary men have lately become exposed to. The law of the land has defined the nature of literary property, as regards published books, in such a manner that their proprietors know how to protect themselves to a considerable extent. We are anxious to see what is the state of the case with regard to *courses of lectures*. For some time it has been the custom for the proprietor of a certain weekly journal to hire reporters to obtain the substance, if not the literal copy, of lectures delivered by some of the most eminent of the Profession, and to publish these at a low price; by the extensive sale of which there is probably a large return of profit. Now, if we imagined there could be a shadow of difference in the opinions of respectable men as to the right of a *hearer* to give the world at large the thoughts, experience, and other valuable materials that the teacher has wrought into the shape of a *lecture*, beyond what a *reader* possesses with regard to a *book*, we could easily satisfy our own readers on that point. As to the *honesty* of the transaction, it cannot require consideration. A man may just as well go to dine at a *restaurateur's*, and after satiating his own appetite with that portion of the *bonne chère* for which he has paid on his own account, carry off the remainder

\* Journ. der Pract. Heilkunde, Feb. 1824.

of the landlord's provisions, to be sold for a penny a pound to all who might choose to buy; or, perhaps, we may liken the transaction to that of insuring one's house, and then setting it on fire to obtain the large amount for which a very trifling premium was paid.

With regard to the *legality* of the matter, *sub judice adhuc est*. The Court of Equity, instituted, as his Majesty's subjects understand, for the purpose of supplying deficiencies in the law of the land, has rejected an application on the part of a distinguished teacher, to enjoin a discontinuance of the practice with regard to his lectures, on the ground that the said lectures were not delivered from written copies—in other words, that his lectures did not exist in a digested and *book-like* form. The matter is to be brought forward again in some new shape—the result of which we anxiously await, and shall communicate.

In the mean time, we beg to point out to lecturers a method by which they may guard themselves against this nefarious system. Let us premise, however, that a lecturer ought to have some check upon the admissibility of those who may apply to him for the privilege of attending his discourses, and that he is responsible to the Profession that he does not *willingly* admit any who may be actuated by unworthy motives. Such we consider reporters for the daily press; for there must be reason to suppose that they attend for the purpose of publishing that which is calculated solely for the instruction of professional élèves. We would not go so far as to say that no one should be admitted to a course of lectures who may wish to study medicine merely as a branch of liberal education, entertaining no views of exercising the practice thereof—for that would be at variance with a wish we avow to see our science cultivated more extensively than it has hitherto been; but we do maintain that the lecturer has an equal right to exclude pirates from getting money by the publication of his oral labours with that which the law allows an author respecting his written property.

There may be a difficulty in excluding individuals from access to a crowded class; but in Edinburgh, where some of the rooms are equally frequented, it is the custom to have the name, place of abode, &c., of the entering pupil written in his own hand in a book provided by the Professor (besides the matriculation in the University album), on making out his ticket.

Let the London teachers have a mutual understanding to the following effect:—Let each provide a book of this sort, and at the head of each class insert a form of obligation, purporting that the undersigned bind themselves to refrain from making any use of the lectures delivered by the teacher beyond that of personal improvement—couching the terms in some way that may be easily devised, and effectually calculated to bring the subscribing party into a serious alternative, should he afterwards violate the pledge. Let it be made penal. There may be, and there are understood to be, some who are flattered by the notoriety the practice we reprehend confers upon them. But were the hint we have *pro tempore* thrown out generally acted upon, the truly respectable portion of the London Professors would compel these men to act with them, but if not, it would little signify.

#### *Society of Physicians of the United Kingdom.*

The association recently formed, under the title of the "Society of Physicians of the United Kingdom," I am glad to see, has attracted a considerable share of attention; and certainly, if it be found to realise its professed objects it will confer no small benefit on the community, by extending the boundaries of medical science, at the same time that it promotes the respectability of the profession itself. That such an institution should be cavilled at in the outset is not at all wonderful, when we consider the various characters and pretensions of that heterogeneous mass styled *the Profession*. Exclusion, however just, (and exclusion there must be, if any distinction is to be made

between real character and mere pretension,) will always find opponents in those that come within its range. The Society must make up their minds to such opposition, trusting to time for a full development of their views and objects, and for a proof of what is to be expected from them. It is with much regret, however, that I observe opposition coming from a quarter that, in itself, is entitled to every respect; I mean those few regularly educated physicians who have chosen to devote themselves to the practice of midwifery, and who think they do not thereby forfeit their claim to join a society that professes to unite all sufficiently educated and otherwise respectable physicians. That the individuals alluded to should, by the laws of the Society, be excluded, is, I know, a matter of regret to every member of that body. Yet they felt that such exclusion was not to be avoided, without an entire sacrifice of the great and main object of the Society, which was that of preserving a marked boundary between the different branches of the Profession, as the only means of ensuring to every class the attainment of the highest degree of improvement of which each is susceptible. Necessity may compel individuals, confined to a small and limited field, to undertake at once the practice of medicine in all its various branches; but observation teaches us that in such cases, for the most part, the task is but inadequately performed. In large communities, and in such alone, sufficient scope is given for the display of talent, as applied exclusively to particular branches of art or science, or that any one of these can be carried to a high degree of excellence. Hence it is, that in great cities, such as London and Paris, the boundaries between the different branches of physic are pretty accurately defined: not only is *physic* divided from *surgery*, and this again from *pharmacy*, by limits that, although not absolute, are yet sufficiently distinct to be traced, but each has its subdivision, and which are not wholly devoid of utility. It is to perfect and preserve these distinctions, that the Society in question was established; such, at least, is one of its declared and intended objects. The study of *physic* strictly so called, that is, as it falls within the province of the physician, is in a manner an abstract science: it has nothing manual or mechanical necessarily pertaining to it. Applied to practice, it may call, indeed, for manual aid; but as a science it is altogether independent of this. *Surgery*, on the other hand, as distinct from *physic*, is, both in its nature and denomination, manual and mechanical. Whatever it has of science belonging to it is derived from *physic* properly so called: it is merely the means of carrying the science of the physician into effect. The practising surgeon, in as far as his art is directed by science, is in reality a physician: he thus combines in himself *surgery* and *physic*, and performs a double function. This, however, is not favourable to the attainment of perfection in either: and I believe it will be found that those who have most excelled in manual dexterity, have not in general been those whose judgment in pathology has been in the highest esteem; or, to express the thing in a more practical way, the man I would choose to perform an operation of difficulty and danger, is not the one I should be desirous of consulting with regard to the necessity or propriety of having recourse to it. The present question, however, is, to which branch of medicine, *physic* or *surgery*, does the art of *midwifery* belong? or does it belong to either? one would imagine not, since it appears to be disavowed by both. Surgeons, who aim at eminence in the higher walks of their art, hold it in contempt. The pharmaceutic branch, as a body, disclaim it. The College of Physicians refuse their sanction to it, and hold no communion with those that practise it. No public provision, in this country, is made for teaching it; nor is any test of ability required from those that practise it, by either college or corporation. Its very name has become opprobrious; and men, while they practise it, seem ashamed to avow it, and cover their art by a term of foreign growth. We now seldom hear of *men-midwives*; all are *accoucheurs*. Were it not, in fact, for the emo-

lument derived from the practice of it, it would be no longer heard of among educated men. But it is liable to still more weighty objections, and those of a moral description. Much of its importance is founded in deception; and in a misapprehension of its real nature, by those about whom it is employed. The public are led to believe that the safety of women in child-birth would be compromised, were they entrusted to female practitioners alone. This fear operates upon the minds of husbands and other relatives, not less than upon that of the sufferer herself, to the sacrifice of all female delicacy. But who is there, at all acquainted with the subject, that really believes that well-instructed females are not fully equal to the ordinary practice of midwifery? or that in ninety-nine cases of a hundred art does any thing of importance, or has, in fact, any thing to do, that might not be as well or better done by an intelligent female? If the *hundredth* case forms an exception, it is merely such, and does not require to be provided for by the general rule of throwing the whole of the practice into the hands of men, not one in twenty of whom is in reality competent to the case of real difficulty when it does occur. Provision, doubtless, should be made for such extreme cases: but then any surgeon of sufficient education and practice, previously acquainted, as he must be, with general principles, would be competent to administer the required aid. This is, in truth, the view of the subject that is generally taken on the Continent; and was so in this country, till within the period of half a century, before which, midwifery, as a distinct branch of medicine, was not heard of. The late Queen Charlotte was assisted by a female in all her numerous child-births. It is true, a male practitioner was at hand, in case of unexpected difficulty, but as a matter of precaution only; nor did he approach her person. Had the example been adhered to on a subsequent occasion, we might not have had to deplore an event with which the whole nation painfully sympathised at the time. To sum up all, it is an art involved in mystery. It practises in the dark. Its operations are all disgusting and demoralising; an art, in short, that is hardly fit to be named in decent society. Yet such is the branch of art which well-educated physicians now and then descend to practise; tempted, one may well believe, by filthy lucre alone, which they are content to share with the lowest and most ignorant of the Profession. How possibly, or with any regard to consistency, can a society, the aim and declared intention of which is to maintain the respectability and dignity of physic, recognise a branch of art that is supported on such a foundation, and which is disclaimed by the higher classes both of surgeons and apothecaries? It is nothing to say that it is actually practised by many individuals of high attainments in general science, and who have been educated in a regular way. This does not lessen the disgrace of the thing itself. We say that it ought to be discountenanced as low in itself, and an imposition upon the public. The Society, therefore, have performed a paramount duty, in disclaiming all connexion with midwifery as allied to physic; while I have no hesitation in saying, that its adoption by physicians, however respectable in their individual characters, has done more to degrade this branch of physic, than any other circumstance that could be mentioned.

*Some Account of the Disease which terminated the Life of* DR. HENNING  
*de Zerbst.* By DR. KLOHSS, Jun.

DR. HENNING, one of the editors of Hufeland's Journal of Medicine, died on the 2d of December, 1823, of a chronic affection of the digestive organs, of which the following is an abridged history:—Dr. H. had long experienced an extraordinary appetite, which was usually indulged, occasioning sometimes fits of vomiting, or merely nausea, to which he put an end by taking a dose of emetic tartar. To this affection of the stomach was joined a very obstinate state of constipation, which was combated, with little success, by means of neutral salts and rhubarb. The baths of Carlsbad gave momentary ease to



the patient. He was afterwards seized with typhus, at the termination of which some amelioration of the state of the digestive organs was felt. In 1817, several moral affections and exposures to cold brought on icterus, accompanied by a diarrhœa, against which bitter extracts, &c. were employed. He regained his health, but for a very short time: a similar affection to the foregoing reappeared. To the diarrhœa succeeded constipation, which was so great that it was frequently necessary to remove the fœcal accumulations by means of instruments. The patient experienced pain at the epigastrium, which subsided after vomiting produced by tickling the fauces. Domineered over by his appetite, he continued to indulge it, making choice of those articles of food which were the most indigestible. From the commencement of 1822, he was obliged to keep his chamber. Flatulencies, retchings, weight about the stomach, followed each repast. He vomited also, from time to time, food which was taken six or eight hours before, and along with it a matter resembling the grounds of coffee. From this time, disturbed sleep, loss of flesh, acute pains in the abdomen, want of appetite, and, finally, anasarca, supervened, and terminated, in two months, the life of this able physician.

*Dissection.*—The volume of the stomach was enormous: it was distended by gas, presented several traces of inflammation, and had, in the vicinity of the pylorus, a very considerable increase of thickness, and a cartilaginous consistence. In the rest of its extent, its parietes were extraordinarily thin: a few other alterations of little importance were noticed in some of the other abdominal viscera.—*Journ. der Prakt. Heilkunde.* Aug. 1824. P. 86.

#### Medical Mélange.

*Extensive Disease of the Larynx.*—A patient was brought to the hospital *Cochin* for an obscure affection of the respiratory passages consequent on fever. On the third day of her treatment in the hospital she died in a state, apparently, of suffocation. On *dissection*, an abscess was found at the posterior part of the larynx, with disorganisation of the crico-arythenoid muscles, of the arythenoid cartilages, and of the adjoining cellular tissue.

*Asthma without apparent Organic Lesion.*—M. ANDRAL has lately published two cases of dyspnœa which terminated fatally in the course of a few days. He found, on dissection, no morbid appearance which could either account for the disease or for its fatal termination. But M. Andral makes no mention of the state of the thoracic ganglia, the eight pair of nerves, nor of the spinal chord. We are surprised that a pathologist so well informed, as we know M. Andral to be, should have neglected to inquire into the state of these parts.

*Rupture of the Splenic Vein.*—M. DEQUISE, sen., reported to the “Académie Royale de Médecine,” at its sitting of the 28th of September, the history of a case wherein rupture of the splenic vein had occurred. The patient had received, about a month previously to his death, a violent blow on the left side, which was followed by symptoms of peritonitis. On *dissection*, general inflammation of the peritoneum was observed, and effusion of blood into its cavity. After searching for the place whence the effusion of blood had proceeded, the splenic vein was found completely ruptured.

*Fœtus without Brain and Spinal Marrow.*—M. GEOFFROY ST. HILLAIRE presented to the “Académie,” at its sitting on the 12th of October, a fœtus without brain and spinal marrow. This additional instance of “amyélencéphalie” is analogous to the one which this physiologist has described in his work on Monstrosities.

*Transverse Operation for the Stone.*—M. DUPUYTREN, who has recently introduced this operation into surgical practice, has operated on eight cases in the *Hôtel-Dieu*.



*Tartar Emetic Ointment in Mania.*—DR. TONELLI has recently published, in the 'Annali Universali,' his experience of this remedy; and detailed a case of insanity which was perfectly cured by it. The patient was a female, forty-five years of age, in whom insanity succeeded to an attack of fever. All the remedies previously adopted had failed in giving relief, when the remedy was freely rubbed in, from the crown of the head to the first cervical vertebra, the head having been shaved. Under this treatment nausea was produced, and continued; a large crop of pustules came out, and in two months the symptoms of mental disorder disappeared.

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## MONTHLY MEDICAL BIBLIOGRAPHY.

### BRITISH.

I. Outlines of a System of Medico-Chirurgical Education, containing Illustrations of the Application of Anatomy, Physiology, and other Sciences, to the principal Practical Points in Medicine and Surgery. With coloured Plates. By Thomas Turner, Member of the Royal College of Surgeons, and Lecturer on Anatomy, &c. &c. 8vo. Pp. 380. London, 1824.

As an outline merely this work may be useful to the student, and of service to those who wish to refresh their recollections of the various subjects it embraces.

II. A Nosological Practice of Physic, embracing Physiology. By George Pearson Dawson, M.D. 8vo. Pp. 380. London, 1824.

We are sorry to see so superficial a production as this is, in the present state of medical science. Dr. Dawson's idea of a physiological and nosological practice of physic seems very different from that which we are disposed to entertain.

### FOREIGN.

Traité des Convulsions chez les Femmes Enceintes, en Travail et en Couche, Mémoire qui à remporté le Prix proposé par la Société de Médecine de Paris, pour Année 1820. Par Antoine Miguel, Membre adjoint de l'Académie Royale de Médecine, des Sociétés de Médecine et de Pharmacie de Paris, de la Société Médicale de Londres, &c. 8vo. Pp. 164. Paris, 1824.

This is a most excellent and interesting treatise on a very important affection. We recommend it to the perusal of every Practitioner.

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### MONTHLY LIST OF WORKS RECEIVED FOR REVIEW.

An Essay on Curvatures and Diseases of the Spine, including all the Forms of Spinal Distortion: to which the Fothergillian Gold Medal was awarded by the Medical Society of London; with some Additions. By R. W. Bampffield, Esq., one of the Surgeons to the Royal Metropolitan Infirmary for Children, Fellow of the Medical Society of London, &c. &c. 8vo. Pp. xii. 387. Longman. London, 1824.

Nouveaux Elémens de Physiologie Pathologique, et Exposé des Vices de l'Experience et de l'Observation en Physiologie et en Médecine. Par P. Alexandre Sarun, Docteur en Médecine de la Faculté de Paris. 8vo. Pp. 384. Paris, 1824.

# THE METEOROLOGICAL JOURNAL,

From the 19th of NOVEMBER, to the 20th of DECEMBER, 1824.

By Messrs. HARRIS and Co.

Mathematical Instrument Makers, 50, High Holborn.

November.	Moon.	Rain Gauge.	Therm.			Barom.		De Lur's Hygrom.		Winds.		Atmo. Variation.		
			P. A. M.	Max.	Min.	P. A. M.	10 P. M.	P. A. M.	10 P. M.	P. A. M.	10 P. M.	P. A. M.	P. M.	10 P. M.
20	●	,48	50	53	56	29	47	29	36	97	90	E	SW	Rain
21			58	59	42	29	36	29	30	85	89	W	W	Fine
22			43	47	42	29	30	29	19	86	84	SSW	SSE	Fine
23		,59	52	55	37	28	50	28	58	75	75	S	SW	Clo.
24			46	50	42	28	91	29	05	76	78	SW	SW	Fine
25		,47	44	48	35	29	28	29	42	83	83	WSW	WNW	
26			36	45	37	29	57	29	62	80	80	WNW	N	Fog.
27			42	44	42	29	63	29	73	75	75	ENE	SE	
28	☾		52	54	46	29	60	29	42	90	80	SW	SW	Rain
29		,98	51	52	42	29	13	29	44	75	80	WSW	WSW	Fine
30			47	48	42	29	41	29	15	82	90	SW	SSW	Clo.
1		,31	42	42	35	29	23	29	42	75	80	W	WSW	Clo.
2			39	47	37	29	54	29	24	81	85	WSW	SW	Fog.
3		,50	39	45	36	29	35	29	60	82	78	NW	WSW	Fine
4			42	47	37	29	28	29	30	85	90	NE	WSW	Clo.
5			39	40	35	29	56	29	90	95	92	N	N	Fine
6	☉		39	44	37	29	74	29	46	78	82	W	SW	Fog.
7		,17	41	43	36	29	42	29	59	87	83	W	WNW	Clo.
8		,11	40	45	39	29	76	29	66	87	91	WSW	WSW	Fog.
9		,15	40	42	33	29	63	29	52	95	92	WSW	WSW	
10			35	44	34	29	77	30	03	86	88	W	WSW	
11			44	46	45	30	00	30	06	95	100	WSW	WSW	Sleet
12			49	50	46	30	20	30	30	94	94	W	W	Fine
13	☾		48	47	45	30	27	30	34	96	91	WSW	W	
14			46	47	44	30	35	30	24	98	100	W	WSW	Fog.
15			47	48	44	30	00	29	83	98	93	WSW	W	Clo.
16			45	51	38	29	83	29	90	86	85	N	WNW	Fine
17			41	44	42	29	93	29	96	90	96	W	WSW	Sho.
18			43	49	45	30	05	30	06	98	92	E	WSW	Clo.
19		,39	50	52	48	29	98	29	80	94	91	W	SW	

The quantity of rain fallen in the month of November was 4 inches and 18-100ths.

## NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. Maclean, Dr. Musgrave, Mr. Witt, Mr. Ward, and Mr. Snell.

\* \* We cannot insert Literary Notices, &c. in the body of the work.

\* \* \* Communications, and Works for Review, are requested to be addressed (post-paid) to the Editors, to the care of Messrs. T. and G. UNDERWOOD, 32, Fleet Street.

THE  
LONDON MEDICAL  
REPOSITORY.

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No. 134.

FEBRUARY 1, 1825.

VOL. XXIII.

BEING

NO. XIV. OF A NEW SERIES.—VOL. III.

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PART I.

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ORIGINAL COMMUNICATIONS.

I.

*History of a Singular Case of Tendency to Plethora, more particularly during the Periods of Gestation and the Puerperal State; illustrating the signal Advantage to be derived from a decided and reiterated Use of the Lancet in Cases of this description.* By A. MUSGRAVE, M.D., of the Island of Antigua.

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Mrs. R. M., now twenty-seven years of age, under the middle height, with square shoulders, and of a robust form, was married in October 1814, and, after having twice miscarried at an early period, was taken in labour with her first child during the night of the 7th of January, 1817.

The labour, although rather tedious, proceeded with perfect regularity till about twelve o'clock on the following day; at which time, finding a degree of resistance offered to the passage of the head by rigidity of the external parts, I was in the act of reconciling her to the use of the lancet for the purpose of producing relaxation, when, without any premonitory symptom, with a pulse strictly natural both as to frequency and strength, and no sense of pain or uneasiness to be referred either to the stomach or head, she fell into a violent convulsion.

A vein was forthwith opened in each arm, and both were allowed to bleed at full streams, without regard to quantity,

till the violence of the fit abated; but, notwithstanding the relief afforded by this copious loss of blood, it was determined, in consultation with a medical friend (Dr. Coull), to proceed at once to deliver with the forceps, as the head was within reach of that instrument: the delivery was accordingly soon accomplished, but not without our having cause to congratulate ourselves upon the course we had pursued, as a second convulsion commenced at the very moment the forceps were fortunately so fixed as to command the extraction.

In addition to venesection in the first instance, the hair was removed, and cloths wet with the coldest lotions were laid on the bare scalp. A large blister was applied to the nape of the neck, and purgative injections were thrown up. By this decided practice both mother and child were saved. The convulsions did not recur after delivery. Our patient gradually recovered her recollection, and her convalescence was rapid.

Mrs. M. again proved pregnant in 1818. Being a good deal annoyed in the latter months by a sense of pain and fulness in the head, she was twice bled, by which means, and attention to the state of her bowels (she is habitually costive), she was safely delivered on Sunday the 21st March, 1819. Shortly after the expulsion of the placenta, she suffered acutely from hysteralgia till relieved by an opiate, and to this succeeded a discharge so nearly approaching to profuse hæmorrhage, that it was found necessary to restrain it by the application of cold, in the usual manner, to the loins, uterine region, &c. After the first day, however, she had no complaint. The lochia flowed in their ordinary quantity; and she had begun to move about her room, when, on the Thursday next but one following her delivery, she insisted on having a tooth extracted from the right side of the upper jaw, which had been for some time extremely troublesome.

I endeavoured, I scarce knew why, to dissuade her from it; but as she persisted in her request, and I could assign no reasonable objection to gratifying her, I drew the tooth with perfect facility, and she was that evening free from all uneasiness. When I visited her on Saturday, as I understood that she had imprudently exposed herself to the air in an open gallery after the operation, I was not surprised to find her complaining of pain extending from the face to that side of the head from which the tooth had been extracted, and which had commenced from the day before. I prescribed some anodyne liniment and aperient medicine, expecting that it would soon wear off; but, as she continued to complain on Sunday, I was induced to order something

more actively purgative, and a pill containing two and a half grains of the extract of hyoscyamus, with the same quantity of James's powder, to be taken at bedtime. The medicines produced the effects which were desired, and she appeared rather better the next day, although by no means free from pain: but neither the pulse nor any other symptom led me, herself, or her attendants, to question its proceeding simply from the imprudent exposure to cold to which I have alluded. In the evening I saw her again, and, as she expressed herself much relieved, I repeated her pill, which she took on retiring for the night, after having made use of the pediluvium.

At midnight, her husband awoke, and observing that she spoke incoherently, immediately sent for me. On my arrival, I found her lying, to all appearance, quietly asleep, without stertor; her pulse 80, and of the usual strength; the eye presenting its natural appearance, and the pupils instantly contracting on the approach of light: on being roused, however, and spoken to, she attempted to reply, but her intellect was manifestly disordered, and her articulation indistinct.

Blood was drawn largely from the arm; a blister put on the neck; smart purgatives, both by the mouth and per anum, were administered; and cold was applied by evaporating lotions to the shaven scalp. Towards morning it was first observed, that when any thing was offered to her she did not attempt to use the right arm: and on more particular examination, I discovered that complete hemiplegia had supervened.

It may not be unworthy of remark, that the paralysis occurred on the same side as the headach, and that the pulse and heat have always been alike in both arms.

By the means which have been enumerated, aided, in the progress of the case, by repeated blisters about the head (many of which to the neck and behind the ears were kept discharging for a considerable time), the constant exhibition of purgatives with and without calomel, as occasion seemed to dictate, and the diligent use of friction, with every variety of external stimulant, to the affected side, the tongue and leg at length (though gradually) recovered their power, and our patient was left with little trace of the attack, except an inability to use her right hand with effect.

This inability, unfortunately, still exists, insomuch as to deprive her of all command over the pen or needle, and to preclude her from touching any musical instrument.

For the relief of this most distressing result of her illness, every thing has been tried that afforded, in my mind, the most trifling prospect of success. Among the external sti-

mulants, I may mention volatile and other liniments, with tincture of cantharides combined under every variety of form; ol. terebinth., both simple and in the guise of essence of mustard; blisters along the course of the nerves; cold seawater thrown from a height; electricity, and galvanism. I proposed a seton in the neck, but this was peremptorily objected to. The diet recommended has been always of the lightest and least stimulating kind; and every species of exercise which might suddenly increase the impetus of the blood towards the head, has been interdicted.

Mrs. M. is now in the third month of her third pregnancy. Her general health is good; but her husband is naturally rendered doubly anxious about her situation, on account of the violent illnesses which have twice, to all appearance, resulted from this state.

Some weeks since, while sitting at supper at a large party, she was attacked with severe pain in the side of the head formerly affected with confusion of ideas, and sickness at stomach. She quitted the table and sent for me. I found her complaining much, with her pulse about 68, and occasionally intermitting. The immediate and liberal use of the lancet, followed by a smart purgative, afforded speedy relief, and she is now going on well.

On a review of the symptoms which preceded the hemiplegic attack, I cannot help regretting that venesection was not earlier had recourse to; while, at the same time, I feel that the circumstances hold me fully acquitted of any thing like a want either of discrimination or decision. It must be remembered that a considerable loss of blood had followed her delivery not many days before; that no wine or stimulating food of any description had been allowed in the intermediate time, and that her bowels had been kept freely open, — all of them facts militating strongly against a suspicion of dangerous plethora. Still I think that the continued pain in the right side of her head would have claimed more consideration from me, had I not viewed it as rationally accounted for by the extraction of the tooth and subsequent exposure to cold, and had not the pulse, &c., remained wholly undisturbed. She appeared, too, to obtain relief from my prescriptions; and, under such circumstances, I do not hesitate to say, on the most mature reflection, that I am confident a majority of the best Practitioners would have treated her as I did.

The above statement I have hastily sketched at the request of Mr. M., as it would be a source of great satisfaction both to him and to me, to obtain on it the sentiments of one or more Physicians conversant with female complaints, on whose



judgment we can venture to place implicit reliance. For this purpose, the following queries are submitted, with an earnest request that a full and particular reply may be given to each, accompanied by any additional comments which may be deemed either relevant or necessary : —

1. Was or was not the hemiplegic attack connected with the puerperal state ?

2. Could the extraction of a tooth at that particular time have had any and what influence in producing the attack ?

3. Was the plan of treatment adopted by Dr. Musgrave defective in any and in what points ?

4. What regimen and what remedies will, at this period, be most likely to carry Mrs. M. safely through her pregnancy, as well as lead to restore the lost power over her hand and wrist ?

A. MUSGRAVE, M.D.

Antigua, August 7th, 1820.

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The foregoing sketch was transmitted upwards of four years ago to Mr. M.'s correspondent in London, and by him a copy was, at my request, forwarded to my first obstetric master, Professor Hamilton, of Edinburgh, and copies were also laid before Drs. Davis, Pemberton, and Batty.

During the period which has since elapsed, the particulars connected with Mrs. M.'s situation have acquired, by their singularity, so intense a degree of interest, that I am induced to record the original case, with an account of the circumstances which have occurred in the sequel, up to the present time. The communication, however, would be incomplete unaccompanied by those opinions, for the express purpose of procuring which the statement was, in the first instance, prepared. I shall consequently insert them at length; although I am aware that my thus venturing to give publicity to documents, not avowedly intended for the press, requires some apology to the survivors of those gentlemen from whom they were obtained ; — one of them is, unfortunately, now no more.

In extenuation of the liberty I have taken, they will, I trust, accept an assurance, tendered with genuine sincerity, that, had not the wide Atlantic divided us, the necessary permission would have been respectfully solicited ; but situated as I am, I have thought that there would be a dereliction of duty on my part towards the Profession, were I to withhold, on points like these, involving questions both curious and important, the sentiments of men who so universally and deservedly command its unqualified respect : and if I at once confess that the indulgence of a little

personal gratification, in shewing that my views and practice had received the sanction of a combination of talent and experience like that which I have named, has blended itself with purer and weightier motives, I am persuaded that I but admit the existence of a feeling which will be generally regarded as not only natural but excusable.

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*Opinion and Advice on the Case of Mrs. R. M., by Drs. Hamilton, Davis, Pemberton, and Batty.*

“ In reply to the queries stated by Dr. Musgrave, I take the liberty to offer the following as my unbiassed sentiments : —

“ I. The hemiplegic attack appears to me to have been connected with the puerperal state, both because that state predisposes to affections of that description, and because Mrs. M. had already had a decided modification of the same cause which produces hemiplegia.

“ II. The mere extraction of the tooth could not have been the cause of the hemiplegia; for had it been injurious, it should have produced convulsions; but the subsequent inflammation of the gum, with its extension to the neighbouring parts, from its effect upon the nerves which proceed from the base of the skull, appear to me to have been the probable causes of the hemiplegia.

“ III. The plan of treatment adopted by Dr. Musgrave seems to me to have been, in every respect, most active and judicious; and I have no hesitation in affirming, that but for the decided bleeding on the 7th January, 1817, and the prompt extraction of the infant, Mrs. M. could not have survived the delivery. As to the attack of hemiplegia, it could not have been foreseen, and I scarcely believe that it could have been prevented after the incoherence of ideas was discovered. From the account of the case, the state of the pulse did not indicate blood-letting; and I am almost certain that the subtraction of blood at that time could not have stopped the progress of the disease.

“ IV. The means which appear to me most likely to conduct Mrs. M. safely through her present pregnancy, to prevent the recurrence of the alarming symptoms, and to restore the use of her hand and wrist, are the following : —

“ First, Her diet should consist entirely of vegetables, with the smallest possible proportion of liquids, and with total abstinence from all fermented liquors of every description.

“ Secondly, She should make as little exertion as possible, one great object being to keep the action of the heart and arteries perfectly quiescent. On this account, she should indulge very much in the horizontal posture; and, for the same reason, every circumstance which may tend to excite any sudden or violent emotion of the mind, is to be scrupulously guarded against.

“ Thirdly, The bowels are to be opened twice or thrice daily. For this purpose, one or two of the laxative pills (A) are to be taken every night at bedtime, and a suitable dose of the sulphate of mag-

nesia, or the sulphate of potass, or the pulv. salin. comp. of the Edinburgh Pharmacopœia, every morning fasting.

“ Fourthly, One of the powders (B), dissolved in half an English pint of boiling water, and allowed to cool, is to be taken daily, in divided prises, in the course of the forenoon. This medicine produces no sensible operation, but it has for several years seemed to me to have an especial influence in removing topical congestions or thickenings within the cranium.\*

\* Will Dr. Hamilton forgive me for acknowledging that I never for an instant, after having read it, contemplated availing myself of his prescription (B), and that I have ventured more than once, since the receipt of his opinion, to combine the submuriate of mercury with other medicines, when it appeared to me that the state of my patient's bowels required the administration of an active purgative?

To his admirable course of instruction again and again attended, I refer, with gratitude, the groundwork of any knowledge of midwifery I may happen to possess; and I have, consequently, been accustomed to regard his doctrines on subjects allied to his peculiar department with a species of respect amounting almost to veneration. But, at a distance from the schools, and, to a certain extent, from books, I have learned, during a practice of ten laborious years, to think occasionally for myself, and to shake off that slavish deference for authority which too often characterises the outset of a young man's professional career. I have therefore thought attentively on the Doctor's suggestions; but no exercise of deliberation has enabled me to comprehend either the circumstances which led him originally to conjecture, or the basis on which he could afterwards have founded the more settled conviction, that a combination of borax and cream of tartar (two of the simplest articles of the materia medica), which produces, he admits, “ *no sensible operation*,” and requires to be continued *for three or four months*, has “ *an especial influence in removing topical congestions or thickenings within the cranium.*”

It may be urged that a prescription of this kind is, at all events, harmless. In *itself*, I freely grant that it is so, but not in its *consequences*, emanating, as it does, from such powerful authority. *These* may be not only mischievous, but *fatal*, by diverting the attention of the inexperienced from more efficient and less questionable means. But it is too obvious that even this brief opinion savours most strongly of those lamentable prejudices which so generally pervade that memorable volume wherein the virtues of the muriate of lime (which, by the bye, likewise “ *produces no sensible operation*, and may be continued for many months, not only with perfect safety, but also without any inconvenience or restriction whatever,”\*) are lauded to the skies; and the safety of prescribing calomel in croup — a practice for the more general introduction of which we are indebted to himself — is most seriously called in question.

That grave men should violently persist (to use *partially* a quotation of his own from Professor Carlisle) in maintaining *prejudices so absurd*, is passing strange. “ Men starting into the exercise of the Medical Profession from a cloistered study of books, and from abstract speculations — men wholly unaware of the fallibility of medical testimony, and unversed in the doubtful effects of medicines — may be themselves deluded and delude others for a time; but when experience has proved their errors, it would be magnanimous, and yet no more than just, to renounce them.”

Upon this noble principle, I am not altogether without hope that I shall yet see an ingenuous recantation, on the part of my respected preceptor, of

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\* Observations on the Use and Abuse of Mercurial Medicines, p. 115.

“Fifthly, Should any symptoms of interrupted circulation within the head threaten to occur, blood ought not only to be drawn from the arm, but also from a branch of the temporal artery.

“Sixthly, If labour be at all protracted, venesection must be had recourse to.

“Seventhly, After delivery, no opiate should be given; but camphor to the extent of from one to two scruples per diem, in the form of julep, as per recipe annexed (C), ought to be exhibited so long as the lochial discharge continues.

“Eighthly, The diet during lying-in must be regulated very much by circumstances. Mild animal food may probably be useful; but wine or other stimulants had better be avoided.

“Ninthly, If, after delivery, the use of the right hand and wrist be not restored, it may be worth while to try another course, *for three or four months*, of the powder (B), and to apply a succession of blisters to the nape of the neck.

“Lastly, Every preparation of mercury ought to be refrained from; and if, unfortunately, hydragogues or similar remedies be required, preparations of antimony with gamboge, or the compound powder of jalap or hellebore, are to be employed.

“The foregoing detail renders it unnecessary for me to make any farther remarks on the treatment pursued; but I cannot forbear adding, that I have very seldom received so accurate a detail of a case, and that I have still more seldom had occasion to approve so unreservedly of the practice pursued.”

JAS. HAMILTON, JUN., M.D.

Edinburgh, 23 St. Andrew's Square,  
September 24th, 1820.

FOR MRS. M.

(A) R Extract. Hyoscyam. Nigr. ʒss.

———— Colocynth. Comp. ʒj.

Ft. massa divid. in pil. æqual. no. xxiv. Sign. Laxative pills.

(B) R Sub-Bor. Sodæ;

Supertart. Potassæ, āā ʒj.

Ft. dos. et mitte tal. no. xxiv. Sign. Powders, one to be taken only as directed.

(C) R Camphor. ʒij.

Alcohol. g<sup>tt</sup>. xxx.

Sacch. Alb. ʒj.

Carbon. Magnes. ʒj.

Tere simul probè, et adde paulatim Aq. fervent. ʒviij. Ft. julep. Sign. Two table-spoonsful a dose.

J. H., JUN.

September 24, 1820.

those fanciful opinions, which, he must ere this have discovered, are viewed by his staunchest adherents as spots that tarnish the lustre of his otherwise brilliant reputation.

29, George Street, Hanover Square,  
October 2, 1820.

“ In the time allowed for the drawing up of an opinion upon the case of Mrs. R. M., and especially on this day, it is not possible for me to enter into so minute a discussion of its several bearings as its able author appears to expect. The following remarks will contain briefly, indeed, but I trust distinctly, the results of my reflections upon it : —

“ 1. I think the attack of hemiplegia was so far connected with the puerperal state, that probably it would not have taken place had that state not been present at the time.

“ 2. The extraction of the tooth and its consequences, viz. the effects of the imprudent exposure to the action of cold, might have co-operated with a previously existing strong predisposition to cephalic congestion to produce the disease.

“ 3. Women are, in some degree, liable to apoplexy and paralysis during the puerperal state. Dr. Orme met with five instances of sudden deaths at this period, during his life of obstetric practice in London. Dr. Sims has seen three or four cases. I have met with two myself, together with four or five of apoplectic seizures and consequent hemiplegia. In almost all my cases there existed that form of body which is considered as predisponent to diseases of this class : and I believe I may assert, that in every case, without an exception, there was more than an ordinary relish for food.

“ 4. I have met with several cases of partial paralysis from imprudent attempts to suckle without the ability. These cases have yielded usually to tonics and the tepid bath, nursing, of course, being abandoned.

“ 5. The treatment of the convulsions during Mrs. M.'s first labour was perfectly proper.

“ 6. The plan of treatment of the second labour, and of its consequences, was also, in my opinion, equally judicious, though less decidedly successful. I have given my sanction more than once to the extraction of a tooth during the convalescence after parturition. Dr. Sims (whom I met last night in consultation, and to whom I mentioned the interesting case of Mrs. M.,) has often done the same. The extraction of the tooth should be considered separately from the exposure afterwards to the action of cold. The medical attendant was professionally answerable for the consequences only of the former. It is not to be presumed that the extraction of a tooth *per se* could materially conduce to occasion cephalic congestion ; however, it might indirectly lead to it afterwards, in the event of mismanagement or neglect.

“ 7. With respect to the indication for earlier bleeding as a preventive measure, suggested in page 6th of the case, it is impossible for me to give a decided opinion. I can only say generally, that we are not in the habit of treating the irritations and reactions now and then occurring after the extraction of a tooth by so active a measure as venesection ; and I would observe further, that in the circum-

stances related in this case, it is very probable, and *almost certain*, that I should not have thought of such a thing in my own practice.

“ 8. The entire sequel of the treatment has been so active and varied and judicious, that it has scarcely left room for an additional suggestion — much less an improvement on it.

“ 9. As to the regimen and remedies to be recommended, my opinion will strictly coincide, I am persuaded, with that of Dr. Musgrave. The general functions of the system should be kept as well balanced as possible. Any local *visceral* derangement, however temporary, will endanger the head. All causes of visceral derangements should therefore, as much as possible, be avoided. There is obviously a remarkably strong disposition to cephalic fulness. The state of the circulation should be frequently and nicely examined. Pregnancy is itself a plethoric state in most cases, as well as often a state of irritation. Venesection is the most certain remedy of both states. The bowels should, of course, be kept in a soluble state. Small doses, daily or frequently, of neutral salts or magnesia, would perhaps meet this indication conveniently. The patient, if in moderate health, should take moderate and regular exercise — scarcely up to the point of fatigue, and never beyond it. As for food, it should be very sparing, and should consist principally, if not entirely, of vegetable matter. This important measure of precaution must be attended to at the expense of any amount of inconvenience to the patient. As to suppers, they should be prohibited altogether; and on no account should meat be indulged in more than once a day: but I think it would be the safest plan to forbid animal food altogether.

“ 10. I am at a loss what to say as to the probable issue of the paralysis still remaining. I am, however, upon the whole, inclined to the opinion that it will eventually yield to the influence of time, assisted by the tepid bath and local stimulants: but electricity, in every form, should be avoided at present, as being calculated to induce premature labour.

“ Should the above remarks serve the interests of the patient in any degree that may tend to the improvement, and finally perfect establishment of her health, I shall feel much gratified. They would have been more extended had more time been allowed.”

DAVID D. DAVIS, M.D.

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“ After a minute perusal of the case which Dr. Musgrave has been so good as to send to me for my opinion — a case drawn up with so much accuracy and judgment, as to leave me no difficulty in answering the queries proposed — I shall at once proceed to do so in a full and, I hope, satisfactory manner.

“ The first query is, ‘ Was or was not the hemiplegic connected with the puerperal state?’ As pregnancy, on so many occasions, seems to have produced in Mrs. M. a predisposition to a sudden and full circulation of blood in the brain, I cannot but suppose that the hemiplegia was produced by this predisposition, and therefore



connected with the puerperal state. In the first instance, there appears to have been distension of the vessels only, a rupture of any of them having been prevented by the judicious treatment adopted. In the second instance, the rush of blood to the head seems to have been so sudden and violent, as to have produced a rupture at once, and the hemiplegia in consequence.

“Second query — ‘ Could the extraction of a tooth at that particular time have had any, and what influence, in producing the attack?’ I think it quite impossible that the extracting a tooth could have had any influence in producing the attack; on the contrary, as the pain from the tooth would naturally have produced a more full circulation to the head, there would have been hazard in allowing it to remain.

“Third query — ‘ Was the plan of treatment adopted by Dr. Musgrave defective in any and what point?’ It appears to me that there was no symptom that could lead any man to suspect that there was fulness of the vessels of the head *previous to the attack itself*; so that, in fact, I am firmly of opinion that there actually was *no distension* of vessels at the time Dr. Musgrave saw the patient. I consider the practice, therefore, in every respect, perfect and complete.”

“Fourth query — ‘ What regimen and what remedies will, at this period, be most likely to carry Mrs. M. safely through her pregnancy, as well as tend to restore the lost power over her hand and wrist?’ Mrs. M.’s diet should consist chiefly of vegetable and farinaceous food, and milk in any form, provided there is no *constitutional* derangement caused by it from her own experience. She should take a small quantity of mild animal food (about four or five ounces) daily. She should take gentle exercise, and, as far as the weakened limb will admit of, on foot — it always, however, ought to be short of fatigue; an open carriage will be also very proper for her, as will gentle *horse* exercise. She must avoid wine and every species of fermented liquor, confining herself to water, toast and water, barley water, or whey.

“With respect to medicine, taking into consideration all the circumstances respecting Mrs. M.’s present situation, I should be inclined to do but very little, as I should trust more to the management of the diet and the regulation of the bowels, than to any medicine whatever. In almost all cases of hemiplegia where the patient recovers, the muscular power is *first* restored to the leg; the improvement gradually proceeds to the arm: and, I trust, by there having been so rapid an improvement in this case, that, by gentle friction only, the lost powers of the arm will be again restored. A seton in the nape of the neck I have the greatest confidence in, in cases of this sort, and I would strongly recommend it to the consideration of Dr. Musgrave. The only medicine I have to advise is that quantity of the sulphate of magnesia every morning, as would be sufficient to produce a relief from the bowels daily.”

C. R. PEMBERTON, M.D.

George Street, London, Oct. 5th, 1820.

“ In answer to the first query in Mrs. M.’s case, I am of opinion there cannot be a doubt of the hemiplegia being connected with the puerperal state ; and in all cases when it occurs in labour, it may be fairly inferred it is excited by the puerperal state. I have known it occasioned by injudicious attempts to dilate the os tincæ, and, in one instance, from rude management of the os externum.

“ With respect to the second query, it is probable the extraction of the tooth, and especially the subsequent exposure to cold, might be over much for an irritable and, in this case, a predisposed constitution to paralysis.

“ In answer to the third query, it does not appear to me that any remedy was omitted, or that a more judicious plan could be adopted.

“ As to the treatment and diet during this pregnancy, all I can say is, that it should be mild, and the exercise gentle ; and since the lady is constantly under the eye of her medical friend, no further caution need be given in guarding against debility on one hand, or inflammation on the other. But there is a circumstance I consider as important, and would recommend its adoption during labour. Let a bandage, about a foot in breadth, of two or three folds, and of sufficient length, be pinned with large pins round the abdomen the moment the child is born, and *before* the placenta is thought of. This will secure a regular action in the uterus, and will enable it to expel the placenta without assistance ; and it prevents the sudden inequality in the circulation, occasioned by the removal of the child from the large vessels in the abdomen, which gives rise to, and is the general cause of the extreme faintness frequently occurring, and creating disturbance in the brain and nerves. I feel anxious on this point, having adopted it with success for years. I can safely say I have neither dangerous floodings or difficulty with placentas. In slow, inert, and irregular labours, it is often useful to apply the bandage previous to the birth of the child, and gradually tighten it — I need not say it should be still tighter after the placenta is removed. In a few hours it may be slightly loosened, but still left sufficient to give support, but should not be entirely removed for many days.”

R. BATTY, M.D.

Charlotte Street, Portland Place,  
October 2d, 1820.

The account of Mrs. M.’s situation, on which these opinions were founded, left her in the third month of her third pregnancy (or rather her *fifth*, for she had twice miscarried before the birth of her first child, which was attended by convulsions) ; and it was mentioned at the conclusion of it that she had not long before been largely blooded on account of a sudden affection of the head occurring at an evening party. After this bleeding, I thought it absolutely essential to her safety that she should rigidly confine herself to a diet

of the most abstemious kind; and she did, I am satisfied, most strictly adhere to the regimen prescribed. She accordingly went on well — she quickened at the usual time — the motion of the child was vigorous — and we had every right to anticipate a favourable confinement till she had completed her sixth month of gestation. About this period I happened to call accidentally; and, in answer to the usual inquiry after her progress, she stated, half carelessly, that she was not quite satisfied about it, as she had been scarcely sensible of the child's moving during the last eight-and-forty hours — that she thought this might, in some measure, be accounted for, by the circumstance of her having been a good deal agitated during Saturday night — (this conversation took place on Tuesday) — from fancying that a person was entering her bed-room through an open window — that early on Sunday morning the motions of the foetus were so strong and incessant as to be absolutely distressing, but from that time they had become exceedingly languid. In reply to the most particular questions, however, she denied every thing like uneasiness either in the head, back, or elsewhere; and, under these circumstances, I did not feel myself warranted in doing more than advise her to keep herself quiet, and send for me immediately on the occurrence of any thing unusual. Subsequently to this conversation, it appears that the movements of the child became more and more indistinct, and at last ceased entirely; the mother continuing altogether free from indisposition till the Saturday night following (exactly a week after her experiencing the alarm adverted to), when she began to complain violently of that side of the head corresponding with the affected arm. I was summoned at four o'clock in the morning. She described herself, on my arrival, as labouring under a sense, not exactly of pain, but of intolerable oppression entirely confined to the right hemisphere of the brain; and, on examining her pulse, it would be impossible to express my consternation at finding it number not more than *thirty-seven*, extremely large and full, and with repeated and awful intermissions, which caused this extraordinary depression. I dreaded lest complete and fatal apoplexy should supervene before the requisite measures could be taken: not a second, therefore, was lost in elevating her head and shoulders, and obtaining as copious a stream of blood as could possibly be commanded from the arm, (the branches of the temporal artery are, in this instance, for the most part imperceptible,) and about forty ounces had been drawn *pleno rivo* before any decided alteration took place. The patient then experienced some relief, and the action of the heart became less oppressed and irregular; but she requested

herself (what I had previously determined upon) that the bleeding might proceed, and the blood was accordingly still permitted to flow till the pulse rose to 84, with a corresponding improvement in every other respect. The quantity, accurately measured, *amounted to sixty-two ounces*. Smart purgatives, active injections, with cold to the head, &c., were ordered, and I left my patient for a short time. At nine o'clock, however, the same side of the head again became uneasy. The pulse once more began to fall in frequency, with increased fulness and some intermission, and I immediately requested a consultation. On being joined by my friends Drs. Daniell and Coull, it was unanimously agreed, notwithstanding the recent and unusual abstraction of blood, to open the vein a second time. It was so opened, and about eighteen ounces were lost before such effect was produced as we deemed satisfactory. The purgatives were then continued, and injections, rendered stimulating by the addition of tincture of aloës, were repeatedly thrown up, as we thought that, even if the accession of labour were thus promoted, it was an effect rather to be desired than averted. Parturient symptoms did actually manifest themselves in the evening, and, on examination, the shoulder proved to be the presenting part; but as soon as the os uteri was sufficiently dilated, I ruptured the membranes, and, having brought down the feet, the delivery of a foetus of six months and a half, which had been obviously some time dead, was easily accomplished.

Our patient appeared to derive such entire relief from the discharge of the uterine contents, that my professional friends took their leave, and I was myself of opinion that all apprehension of danger might for this time be dismissed. On the following morning she declared herself free from complaint. Her head was easy, her pulse regular, the discharge strictly natural; and I was consequently both surprised and alarmed in the afternoon at being hastily summoned. On reaching the bedside she declared it to be her conviction that she was dying, from that same sense of intolerable but defined oppression which had ushered in this attack, and her pulse was, as before, awfully slow, full, and intermitting. This was no time for vacillation. I made a fresh orifice, and again drew thirty ounces of blood before the alarming indications were removed — but the effect *was at length complete*; there was no recurrence of untoward symptoms; and the convalescence of Mrs. M. was more speedy in its progress than we commonly find it after a premature labour under ordinary circumstances.

As soon as my patient was completely out of danger, my

practice on this occasion underwent, in my own mind — according to an invariable custom — the strictest and most scrupulous examination. Ought I not to have used the lancet immediately on being informed of the languid motion of the child? was the first question which suggested itself. In speaking of the treatment of puerperal convulsions, Dr. Denman says, “ I know that if the patient should die when no attempts were made to deliver, the omission is always regretted; or if she should be delivered by art and die, that the operation is lamented.”

Upon *this* principle I *did* regret that my patient had *not* been bled; but reflection fully acquitted me of a reprehensible oversight. The idea of venesection was, indeed, the first that occurred to me when Mrs. M. complained on Tuesday, and I felt more than inclined to adopt it; but when the absence of complaint — the continued and recent depletion she had undergone — and her regimen so spare that it fell little short of actual starvation, — passed successively in review, I was half afraid that the injury to the foetus might have arisen from causes the very reverse of plethora, and that, if I attempted to do more than enjoin rest and watchful attention to her progress, I might, with justice, be convicted of *ultra-phlebotomy*. The very instant, however, good grounds were afforded for proceeding, it will be conceded, I presume, that preconceived notions were not allowed to influence me against measures of the most active description.

Mrs. M. was very shortly re-established in the perfect enjoyment of health, with no vestige of her past sufferings except the weakened state of her hand. This remained exactly as I had described it in the original case. The paralysis had not extended, nor had the muscular power been in any degree restored. The sentiments of Drs. Hamilton, Davis, Pemberton, and Batty, were by this time in my possession; they were mainly, as will be remarked, in such strict conformity with my own, that I had no difficulty in adopting the principal suggestions. Mrs. M. was desired to persevere in the most abstemious regimen. Every species of stimulus, either under the solid or liquid form, was peremptorily forbidden. The contents of her bowels were daily discharged by means of the aloetic pill; and such exercise alone was sanctioned as might be conducive to health without suddenly increasing the action of the heart. Yet, under these trying restrictions, which so few constitutions could bear with impunity, it was astonishing to observe how speedily she regained flesh, strength, and spirits.

Nothing material occurred afterwards till the commencement of the ensuing year (1821), when Mrs. M. again proved

pregnant, and had not been many weeks so ere indications of cerebral fulness presented themselves, and were removed by the liberal use of the lancet. Once more she quickened, and proceeded favourably, as before, till she had arrived at her seventh month. From this time I watched her progress with particular anxiety; and when (at the close of this month) she again announced a cessation of the active motion of the child, accompanied now by a slight sense of weight within the cranium, I lost no time in having recourse to venesection. This relieved the head at once, and no further distress was complained of; but labour, nevertheless, came on at the end of a week, and a putrid foetus was expelled. Here the premature death and expulsion of the child were preceded by no fancied alarm. Every thing had been done that human intelligence could devise to keep the circulation in a state as quiescent as was consistent with safety. The general health had been good up to the moment danger to the foetus was suspected; and as soon as it was so suspected, measures were at once adopted to avert that danger, if to avert it had been practicable: but these measures proved abortive, and the event a second time unsuccessful.

Again, I did not fail to arraign my proceedings for impartial judgment, and the only part of my plan which seemed to me, on the most attentive deliberation, to be questionable, was my directing, through the whole course of this pregnancy, the continued use of the aloetic pill. But why had I so directed it? Mrs. M.'s bowels were most obstinately costive, and I had found, on repeated trials, that this simple preparation was more uniformly effectual with her than any thing else. It invariably operated with certainty and without irritation; and I will go further, and admit that, had I even considered (which I did not) that it was likely to induce miscarriage, I should not, on that account, have been deterred from advising it, since I have never ceased to regard the birth of a living child at the full period as an event in Mrs. M.'s case to be anticipated with the most serious alarm. As it respected the mother, the result of this second premature labour was as satisfactory as that of the first. In no instance have I seen a more favourable recovery; and, still most rigidly adhering to the plan which was formerly marked out, she resumed her usual mode of life.

I fear that I shall be deemed unnecessarily prolix in my narrative by those who take a less lively interest than I have done in the progress of those circumstances which I am endeavouring to trace. I shall therefore, in concluding, be as concise as may be consistent with a due regard to accuracy.



Mrs. M. continued tolerably well, with the assistance of one venesection, till December 1822. She then again became pregnant, but miscarried at about two months in February 1823. On this occasion, I think that, by the adoption of proper means when I first saw her, complete separation might have been prevented; but, in conformity with the ideas I entertained of her situation, I had no hesitation not only in leaving the process to nature, but in doing every thing that was justifiable to hasten it. Expulsion succeeded as a natural consequence: her recovery was, as usual, rapid and complete.

Not many weeks had intervened before the *eighth* conception was announced. The early months passed over without disturbance. The sixth and seventh were equally propitious, and even the eighth was completed without the interposition of the lancet having been actually demanded, although I had used it once as a measure of precaution.

My anxiety now exceeded any thing I had yet experienced. What had I not to apprehend from those exertions which are inseparable from the protrusion of a full-grown foetus? Ought I not, with this danger conspicuously in view, to have disregarded every consideration but the mother's safety, and induced premature labour at a period when the smallness of the head would have rendered the expulsive efforts comparatively safe? Such were the doubts which perplexed me. My justification was comprised in the following considerations:—Mrs. M. had borne two very large living children. Her pelvis, in every respect, as I had often ascertained, was particularly well formed. The progress of the present pregnancy had been less chequered with causes of alarm than had ever happened before; and—last, though not least—such was her own desire for another child, that I am confident no persuasions would have influenced her to place its life in jeopardy even for the purpose of securing her own. These were my private reasons for allowing gestation to proceed; but I had not exclusively relied upon my own judgment. I consulted my professional friends: their opinions corroborated and established my own; and arrangements were accordingly made for ensuring the advice and assistance of my friend Dr. Coull, in the event of any untoward occurrence during labour.

About a fortnight before the expiration of her reckoning, Mrs. M. complained of the same lateral and circumscribed headach which had so often menaced her with death. I was sent for forthwith, and found the pulse as low as *forty-four*, full, and intermitting. My course was not to be mistaken. She was largely blooded, and effectually relieved. She soon

remarked, however, that the child was sluggish ; but (whether from anxiety that it should be so or not it is difficult to determine) she afterwards said she thought its movements more lively. At all events, labour commenced about eight days subsequent to these occurrences, (when, according to her own calculation, she wanted not more than a fortnight of nine calendar months,) and — fortunately or unfortunately, which shall we say ? — a small dead child (extremely small for the period I have named) was expelled with scarcely any exertion, on account of the readiness with which, from evident putrefaction, the bones of the cranium folded over each other. Independently of the appearances arising from its having been some days dead, the foetus presented indisputable marks of defective nutrition. The muscular flesh was wasted, and the bones had little covering besides the superficial integuments.

Mrs. M. was not quite so fortunate on this as I have stated her to have uniformly been on former occasions, as she suffered from a well-marked attack of phlegmatia dolens commencing on the tenth day after delivery. It was treated according to the most approved principles and subsided gradually ; but after the febrile stage was subdued, such unequivocal symptoms of debility, accompanied by a quick and feeble pulse, manifested themselves for the first time since I had known her, that I was induced to order a bit of chicken and animal soups to be allowed, with the cautious addition, if necessary, of a small proportion of wine to her nourishment. The allowance of animal food, however, was sufficient to improve her strength unaided by the wine ; she therefore voluntarily abstained from the latter, and, having very soon regained her ordinary state of most excellent health, she returned to her former diet.

I have now nearly brought my history to a close. In March of the present year, when in the impregnated state, there was some threatening of mischief to the encephalon, indicated by the peculiar pulse and pain which have been so frequently described. I bled her to the extent of thirty ounces ; and as fainting was produced, which had never happened before, I regarded it as a prosperous omen, and she took her usual airing in her carriage on the following evening. In May she conceived for the *ninth* time ; miscarried in July under circumstances in every respect similar to those of February 1823 ; and — to conclude the professional record of her past life — in the latter end of August she was troubled with an occasional sense of weight over the right eye, and at length observed that, on awaking during the night, she could neither remember nor articulate her husband's name.

She did not, however, apprise me of this immediately, but fulfilled an engagement to dinner on the ensuing day. At table she became exceedingly alarmed from a sudden increase in her uneasy sensations, and instantly returned home. On my arrival the lancet was called for by herself. The loss of about eighteen ounces once more produced faintness, and with it a removal of all complaint.

Is it possible for any member of the Profession to peruse, without interest, the circumstances I have thus minutely detailed? It only remains for me to add, that I have seen Mrs. M. to-day, and that she is at this moment as well, as cheerful, and, I will add, as lovely as ever she was. Her hand remains without material improvement; but, with this exception, she seems in the complete enjoyment of the highest health: indeed, nothing can be more opposite than is her present appearance to what we should expect from the abstinence she most religiously observes, and which habit, she tells me, has rendered no longer a sacrifice.

She is not pregnant just now I believe, but I expect daily to hear that she is so; and, singular to say! no bride, before the expiration of the honey moon, who had never yet experienced "the pains and perils of childbirth," could feel a more earnest desire to become "as women wish to be" than is betrayed by my patient, notwithstanding the uninterrupted series of sufferings which has marked the yet brief period of her existence.

Professor Burns, of Glasgow, says, in speaking of impracticable labour:—"How far it is proper for women in these circumstances to have children is not a point for our consideration, nor in which we shall be consulted. I would say that it is not proper; but it is no less evident that when they are pregnant we must relieve them." The remark applies with equal force to the case under review; and it would, indeed, be infinitely gratifying to me, could I elicit the observations of the able and experienced through the medium either of the *Medico-Chirurgical Review*, the *Medico-Chirurgical Transactions*, the *London Medical and Physical Journal*, the *London Medical Repository*, or the *Edinburgh Medical and Surgical Journal*—all which periodical works are regularly forwarded to me through the post by the first monthly mail after their publication. I would propose for attentive consideration the following queries:—

1. To what is the premature death of the foetus in utero in this case to be attributed?

2. By what means is it probable that the state of the system may be so modified as to prevent this occurrence in future?

3. Has Dr. Musgrave been guilty of any error, either of *omission* or *commission*, in the treatment of this case for the last four years ; and *especially*, *ought premature labour to be induced by art in the event of any future pregnancy exceeding the term of seven calendar months?*

It may be as well to mention that Mrs. M.'s menstrual discharge, when in ordinary health, is tolerably regular in its returns, and natural in quantity and duration, although her periods seldom reach to the full extent of four weeks.

A. MUSGRAVE, M.D.

St. John's, Antigua, 4th November, 1824.

P.S.— I had entirely closed my communication when the Medico-Chirurgical Review for September (No. 2 of the New Series) came to hand. The extract inserted at page 356, from “ the Observations of an Experienced Physician,”\* it will be obvious delineates with accuracy the circumstances of Mrs. M.'s situation.

I have not time just now, as the mail will be made up to-morrow, to enter at length upon a discussion, from which I had purposely abstained, in detailing the facts of this case. Suffice it, therefore, to state, with reference to the queries submitted in these observations, and the replies of Dr. Beatty, that the suspicion of a venereal taint in the parents having acted upon the foetus in utero is here *entirely out of the question*. I have known the husband from infancy, and his moral character I have no hesitation in affirming to be indisputable. The two children now living enjoy, and have always enjoyed, a share of health which cannot be exceeded under any circumstances or in any climate ; and had the father been infected since their birth, I am persuaded, from the terms of close intimacy which subsist between us, that the occurrence neither could nor would have been concealed from me. The exhibition of mercury, therefore, would be beyond measure absurd.

That “ more blood has always circulated in Mrs. M.'s system than was consistent with the health of the foetus” is beyond all doubt ; and it only remains to be ascertained in parallel examples in what particular manner this plethoric tendency proves destructive, and by what means, more judicious than those devised by me, this state of the system may be successfully corrected.

I have, of course, indulged in my own speculations ; but as I do not feel myself competent to *convey*, my object in

\* Transactions of the Association of Fellows and Licentiates of the King's and Queen's College of Physicians in Ireland, vol. iv.

giving this history to the medical public was exclusively, as I stated, to *elicit* information, as I was not aware, till it was concluded, that the attention of the Profession had been already pointedly attracted to this particular species of premature labour.

It is abundantly evident that Mrs. M.'s case furnishes a remarkable proof, in addition to those enumerated at page 446 of the Number of the Medico-Chirurgical Review already adverted to, that paralysis and cerebral lesion may be occasionally on the same side.

A. M.

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## II.

*Remarks on the Obstetric Case published by Mr. BROWN in the MEDICAL REPOSITORY for January 1825. By EDWARD THOMPSON, Esq., Whitehaven, Member of the Royal College of Surgeons, London.*

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“ Quamvis enim cedere auctoritati debeam, rectius tamen arbitror in tanta re ratione quam auctoritate superari.”

PLINY. Epis. 20.

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It is somewhat surprising, in the present state of our obstetric knowledge, to find a case so singularly, not to say unprofessionally, treated, as the one detailed by Mr. Brown in the January Number of the REPOSITORY. The practice of midwifery is now so well defined, its divisions so well and systematically regulated, its varieties so ably met, by efficient directions, that little, if any thing, is left to the operator of the present day than to pursue, with judgment and correctness, the road that lies before him. To waver from it, when the way is so clear, deserves not a little reprehension; and he who has so stepped aside cannot feel, at least ought not to feel, much hurt when reminded of it. This, with diffidence, I proceed to do. Mr. Brown would seem, in my opinion, to have erred in three points, namely:—

1st, In not, after rupturing the membranes, ascertaining the exact nature of the presentation.

2dly, In using the ergot without such knowledge; and,

3dly, In not resorting to the right means, which the above knowledge would have pointed out, at the time when practicable.

It has been long laid down as a rule, from which we ought not to swerve, to endeavour to ascertain, on rupturing the membranes, the true nature of the presentation. This it is necessary to do, that we may be prepared, before the water

has drained off, to employ any plan which its presence is likely to facilitate. To come at this knowledge, it may, perhaps, be requisite to introduce the hand within the outlet, rather than leave the mind unsatisfied of the actual state of things. It does not appear, in the report of the case, that this was done, but that the membranes were only ruptured, at five P.M., to hasten the contraction of the uterus: this was the ostensible reason, as we do not find that any correct idea was gained respecting the descending part, which might or might not be a foot with the cord. That the knowledge was not correct, there is good reason to suppose; for we find that after considerable force, which had caused a further descent, the presentation above the part grasped by the hand was even yet judged to be the breech. When the true nature of the case was discovered, it was too late to remedy the error. Thus, then, by not being certain of the state of things early in the labour, what might have been comparatively simple was made complex, and, of course, the danger proportionally increased.

The infusion of ergot was given at ten minutes before seven, nearly two hours after the membranes had been broken, without knowing whether it was possible for the foetus to pass through the pelvis. We are directed not to give the ergot until the regular pains have ceased; but here it was directed before they had well come on, and at a time when there was great probability of its causing rupture of the uterus. I shall waive another objection, which those conversant in the remedy have left to direct us, that it should never be administered in any case of preternatural presentation requiring the foetus to be turned, because enough has been said to prove that it should not have been given at all.

It is apparent that the time was lost, when the case might have been made a simple one. There were two modes by which this might have been done. One, by risking the life of the child; the other, by which the child's life might have probably been saved. If at four o'clock the membranes had been ruptured, and the foot pressed up by the side of the head against the face, the case might then have become one of presentation of the cord merely. This method I adopted with success, in July 1817, in the case of a tailor's wife, in which the foot presented with the head, but without the cord: it was reduced with comparative ease. Dr. Ramsbotham, (as Mr. Brown might have informed himself, if he had desired, at page 300 of that gentleman's excellent publication,) describes a similar case, in which success followed the method pursued. But if the child had been turned



either at four or at five P.M., \* its life would not have perished in all probability, and the woman, by doing so, placed in little or no jeopardy. At four the pains were active, and the delivery might have been effected immediately. At five the feet might have been brought down into the vagina, and left there if thought necessary. After this time it was impossible to effect it with safety, as the waters were all drained off by walking across the room and the pains together. With the rest of the case I have nothing to do; it was effected with dexterity and despatch. I hope Mr. Brown will take what has been said in good part, because he has drawn animadversion upon himself; for had he considered a moment, he would not have let either the observations or the case meet the public eye.

January 8th, 1825.

### III.

*Case of Anchylosis of the Joints of the Lower Jaw.* By Mr. JAMES SNELL, Member of the Royal College of Surgeons, London.

ON the occasion of a late temporary visit to one of the principal towns in Essex, to which I was called to remedy a congenital division of both hard and soft palate, with a peculiar formation of lion lip (the interesting particulars and satisfactory result of which case I hope shortly to bring before the Profession), I was waited on by Mrs. W., accompanied by her child, a healthy looking girl of eight years of

\* I do not mean to insinuate these were the most fitting opportunities; but they were, under existing circumstances, the best that offered. It is not easy to perceive the necessity for precipitation in this case. If the labour had been left to nature longer, perhaps the presentation would have become more distinct. The mere absence of uterine action did not arise from excessive fatigue, or long and unavailing exertion; to have waited a while longer, then, could have done no harm. It is strange what vagaries the uterus sometimes takes. I was with a lady on the evening of the 5th instant, who had every appearance of having a quick time, the os uteri being fully opened, and the membranes low in the vagina; but immediately after the waters broke, the pains instantly ceased, and did not return again for twenty-four hours. In a former labour the very same occurrence took place, with a much longer interval of perfect ease, she continuing without a single pain forty-eight hours. I had ascertained that the arm was coming down with the head, and intended, when labour did return, to press up against it; but delivery was effected without the arm being returned into the uterus, very soon after labour recommenced, the pains being strong and violent. So much for unnecessary interference on the part of art, which is sometimes thrust forward to supply the operations of nature with what she does not require — misapplied aid.

age, whose jaws had been firmly closed for more than two years.

Mrs. W. gave me the following account of the child's case : — Nearly three years since a tumour had formed upon the left side of the lower jaw. Having applied to a Practitioner for its relief, he bound up the head and jaw tightly with a bandage and compress, purposing to cure it by pressure. This apparatus was worn for some weeks by the patient, being taken off occasionally only for the purpose of adjusting it anew. From some cause, inflammation attacked the jaw and face on the same side with the tumour, producing excruciating pain, and, at length, terminating in the formation of an abscess of considerable size, which pointed and burst externally through the cheek, a little below the left corner of the mouth. Relief, of course, was then obtained, and the inflammation soon partially subsided, leaving a large fistulous opening, which continued in a state of unhealthy ulceration, extending to the corner of the mouth. This was at length healed, but, in accomplishing it, cicatrices, as in cases of burns, left the mouth drawn down in a frightful manner. It was not until after the bursting of the abscess and the subsidence of the inflammation, that the parents discovered that the child was unable to open its mouth.

At the time of her application to me the appearances were as follow : — The child was in the most perfect state of health, having a remarkably ruddy complexion. The jaws were firmly closed. The temporary anterior incisores, both above and below, had fallen out, giving place to those of the second set, which had passed through the gum until they met, and then became firmly locked one over the other. The temporary lateral incisores being protruded outwards, the permanent ones might be seen making their way behind them, and projecting into the mouth. The temporary cuspidati retained their original position. The molar teeth of both jaws were firmly closed upon each other; the inside of the cheek, on the affected side, having become attached to the gum at the necks of the molar teeth of the lower jaw. I made every attempt to ascertain whether or no anchylosis had taken place in one joint or both; but as I could not perceive, after repeated attempts, the least motion in any direction in both joints, I was induced to conclude that both were anchylosed.

From viewing the mouth, it appeared impossible that a sufficient quantity of food could be got into the stomach to support life. This, however, was accomplished by the little sufferer in a way altogether curious, though exceedingly pitiable. Bread and butter formed the principal bulk of her

food, a portion of which was placed upon the inner part of the fore-finger, and by it rubbed in between the interstices of the upper and lower teeth in those places where they were most separated. Milk was her constant drink, which was likewise sucked in through the teeth. It is almost incredible in how short a space of time she would contrive to introduce a sufficient supply of soft food to satisfy her craving stomach. Her speech was just what might be expected from the closed state of the teeth.

My proposed plan of treatment in this case was, firstly, the removal of all the front temporary teeth; and, secondly, that an instrument, resembling a speculum oris, should be constantly worn, so constructed that a spring should act upon both jaws in an opposite direction, the power being augmented according to the feelings of the patient. The first part of this plan was put into execution; but the second was altogether objected to by the parents, who stated, that since the removal of the teeth the child had experienced so little difficulty in taking her food, that they were perfectly satisfied with the result without any farther mechanical interference. The irregular advancement of the permanent teeth will soon, however, render this case worse than before. I have to regret that the distance from London, at which the patient resides, has prevented me from being again brought in contact with this singular case: but should my avocations again call me to that part of the country, I shall not fail to satisfy myself as to her progress, and to report any alteration of her pitiable condition.

Crawford Street, Montague Square, Dec. 11th, 1824.

#### IV.

*On Vaccination.* By WILLIAM SHEARMAN, M.D., Member of the Royal College of Physicians, and President of the Medical Society of London.

THE occurrence of small-pox after vaccination appears, of late, to be much more frequent than was formerly found to be the case; and it is very difficult to account for the fact. Ever since the original discovery of vaccination, we have occasionally heard of small-pox taking place in individuals subsequent to that process; but the instances were at first rare, and I have been disposed to attribute some of these to imperfect vaccination, either from a spurious virus having been employed, or from some inattention on the part of the inoculator, or neglect of the patient or his friends. Vaccination is an extremely delicate operation, and requires the

greatest nicety of observation to ascertain its complete effect on the constitution. Inspection of the pustule during the whole period of the process is essentially necessary, if we wish to satisfy ourselves of the security of the patient; for as the disease goes on with different degrees of rapidity in different individuals, the stated periods of inspection usually prescribed cannot, in all cases, be sufficient to insure a perfect knowledge of the regular progress of the disease; and there is reason to believe that many persons have been pronounced secured by vaccination, merely from the inoculator observing, at the end of eight or nine days, perhaps, after the insertion of the virus, a fine full vesicle, without his having watched the preceding periods, so as to ascertain those distinctive characters which are essential to the success of the operation, and without which the mere fluid in the vesicle is altogether an insufficient characteristic. But making every allowance for imperfect vaccination from both of the above causes — spurious virus and inattention to the progress of the pustule — it is scarcely to be doubted that small-pox after vaccination is now a frequent occurrence.

Two instances, in immediate succession, have lately fallen within my own observation. I was sent for to see a young gentleman in Westminster School, the son of a medical friend residing in the country. He had been ill for two or three days with smart symptoms of fever; and when I saw him, he complained of great pain in his back and all his limbs. He had not been altogether confined to bed; for having a part assigned to him in the Westminster play, which was soon to be acted, his anxiety on that account had induced him to attend the rehearsal, although scarcely able to support himself during the requisite period. He was, however, at length obliged to yield; and on the morning of my first seeing him, I found his face and different parts of his body covered with a variolous eruption, amounting, in the whole, to about three or four hundred. He had been vaccinated during infancy by his father. I removed him to my own house; the symptoms of fever gradually subsided; a great many of the pustules were in a short time filled with a fluid, which, however, did not go on to perfect suppuration, but they dried up and became hard and horny about the seventh day from their first appearance.

I had residing at home with me, at the time I removed this youth to my house, two daughters, one of whom I had vaccinated about twenty years ago; the other had been vaccinated about fourteen years. The former was seized on the Thursday following, exactly a week from the time of exposure to the variolous infection, in the middle of the day, with an evident cold chilly fit, accompanied with headach

and violent pains in the back and limbs, and all the symptoms of perfect fever. On the following day the paroxysm was repeated, but in a much milder degree; on the Saturday the accession was considerably more violent than on the day before, resembling exactly the former one of Thursday. On the following morning several pimples of small-pox appeared on the face and other parts, in the whole about a dozen; the pyrexia left her, and the eruption, assuming the usual hard and horny appearance, was of no further inconvenience. The younger daughter was not in the slightest degree affected.

After the repeated experience I have had of cases similar to these, I can no longer consider vaccination as a certain preventive of small-pox, although I am very ready to give it credit for considerably modifying the progress and event of that complaint. In the majority of instances, it undoubtedly secures the individual from that disease; and I think we should not greatly err, were we to place the value of this process, when it does not eradicate the susceptibility to variola, on an equal footing with inoculation for the small-pox; it rendering, like that operation, the disease milder in its progress and safe in its event, having rather the balance of advantage in its favour, by its checking the progress of suppuration in the pustules, and obviating the inconveniences of secondary fever. But in this view of the matter, one disadvantage attends vaccination; the individual may be exposed to take casual small-pox under circumstances in which we should carefully avoid subjecting him to it by voluntary inoculation. The season of the year, the present state of health of the party, or some peculiar temporary condition, as pregnancy, may be unfavourable to the safe reception of the infection, and such as we should by no means choose for the voluntary communication of it by inoculation, although it may be out of our power to prevent the individual being exposed to the infection. In cases like these, vaccination, when it has not destroyed the susceptibility to variola, becomes a disadvantage, because, but for the confidence placed in that operation, variolous inoculation would have been resorted to under circumstances the most favourable for its employment.

It is not always possible, in cases of natural small-pox, to ascertain the source of infection; but previous to the discovery of vaccination, sufficient experience had been attained to establish the fact, that a period of twelve or fourteen days usually elapsed, in the casual small-pox, between the reception of infection and the commencement of the eruptive fever; whilst the intervening period between infection and the fever, in inoculated small-pox, was found to be consi-

derably shorter, generally being about seven days only. A great practical advantage was often taken of the knowledge of this fact; and inoculation has frequently been employed two or three days after casual infection, with a view to intercept the effect of the latter, and that with complete success. In the case of casual small-pox given above, the interval was precisely seven days; confirming, it may be presumed, the resemblance between inoculated small-pox and the casual disease after vaccination, which I have stated to be probable.

Although vaccination in so singular a manner modifies the progress and event of small-pox, it does not appear, in the least degree, to diminish the infectious nature of this disease, it being as easily communicated by an individual who has passed through that process as by any other person; neither does vaccination appear, in the slightest degree, to diminish the susceptibility to small-pox, unless it has entirely destroyed it. In the short history given above, the subject communicating the infection and the person receiving it had both been vaccinated, and yet the disease appeared in the latter at as early a period as could have taken place, if vaccination had not been employed by either: the disease itself was modified in both instances; the facility of communicating and receiving the infection remained the same.

The deaths which have taken place from small-pox after vaccination have certainly been extremely few; but as, in those cases, the individuals were exposed to the casual small-pox, under circumstances much more unfavourable to the reception of the disease than would have been the case had variolous inoculation been employed, these persons may, in one sense, be said to have fallen victims to vaccination.

If the supposition be correct, that casual small-pox after vaccination resembles pretty nearly, in kind and degree, that state of the disease which would have followed variolous inoculation in the same individual, if vaccination had not been employed, it may be said that these fatal cases would equally have occurred under inoculation, had that operation been performed instead of vaccination; but it must be recollected, that had variolous inoculation been trusted to, instead of vaccination, care would have been taken to communicate the disease under the most favourable circumstances, and the usual means of preparation would have preceded the operation. As the casual small-pox is in every instance rendered considerably milder by previous vaccination, there is every reason to suppose that this operation would exert the same beneficial influence on inoculated small-pox; hence vaccination, if not a certain preventive of this disease, may, at least, be advantageously made use of as a preparation for inocula-



tion. The deaths under inoculation, as at present managed, are very few; and it is not unreasonable to expect, that employed after vaccination, this operation would be divested even of the small degree of hazard which at present attends it. In by far the greatest number of those vaccinated, the susceptibility to small-pox is completely eradicated; to these inoculation would, at the worst, be only a superfluous operation; whilst, in those who were still liable to small-pox, that disease would be communicated in the mildest degree in which it is possible for them to undergo it.

If the fact be well-founded, that the recurrence of small-pox after vaccination is much more frequent now than formerly, it is plain, that unless the cause of this greater frequency be ascertained and obviated, the ratio of insecurity may go on increasing, until, in time, vaccination will no longer be a preventive of small-pox, and can only be employed as a preparation for inoculation. Even in this extreme view of the case, the discovery of vaccination will have been an important benefit conferred upon mankind; and we surely ought to avail ourselves of all the advantages to be derived from the discovery, notwithstanding they may fall somewhat short of what had been too sanguinely expected by the original supporters of vaccination.

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Since writing the above, I have seen, in the *Edinburgh Review* for November 1822, an analysis of Dr. Thomson's *Treatise on the Varioloid Epidemic* which prevailed in Edinburgh. In this article is the following passage:—"During the prevalence of the varioloid epidemic, Dr. Thomson had great occasion to doubt whether or not the chicken-pox and the small-pox were separate diseases; and his doubt has ended in a strong conviction that they both originate from one common contagion, and that chicken-pox is nothing more than a variety of small-pox." The fact adduced by Dr. Thomson in support of his conclusion, is the interchangeable and indiscriminate succession of small-pox and chicken-pox in different persons infected from one common source of contagion; the first person infected being attacked with small-pox, the person deriving infection from him shewing the chicken-pox, the next the small-pox, and so on, without, however, any regularity of alternation.

The facts appear to me extremely questionable; and I am more inclined to suppose Dr. T. mistaken in the precise nature of the eruption in these individuals, than to admit the inference he adduces. It is well known that a very severe case of chicken-pox so much resembles, in its attack, progress, and appearance of the pustules, a mild case of

small-pox, that it is extremely difficult to distinguish one from the other ; and sometimes the only certainty we possess of the true nature of the disease before us, is a knowledge that the patient has previously passed through the other disease. But resemblance is not identity, and the following difficulties oppose themselves to the opinion of chicken-pox being only a variety of small-pox.

If this opinion were true, the variety in question ought to be governed by the same laws as the other acknowledged varieties of true small-pox ; but this is not the case. An individual who has once passed through one of these acknowledged varieties is completely protected from an attack of any other variety. A person having had the distinct small-pox, cannot be affected with the confluent small-pox, nor is one having had the confluent small-pox liable to be attacked with the distinct small-pox, while each of these persons is afterwards liable to take the chicken-pox ; and a person having had the chicken-pox is still liable to be affected with distinct or with confluent small-pox. If all these three are identical, and not separate diseases, how is it that two of the varieties should be a protection against each other, whilst neither of the two is so against the third, nor that third a protection against the other two ? Vaccination, in most instances, protects the individual against both the distinct and the confluent small-pox, but is no protection against the chicken-pox. In those cases where vaccination fails to destroy the susceptibility to small-pox, it undoubtedly so modifies subsequent small-pox, as to render it a much more mild and safe disease than it otherwise would have been ; but vaccination exerts no modification on subsequent chicken-pox, so as to render that complaint milder. These are strong facts against the probability of chicken-pox being merely a variety of small-pox, and support, I think, the inference I have drawn, that those cases arising from variolous infection, designated chicken-pox by Dr. Thomson, were, in fact, small-pox in one of its mildest forms.

So far from chicken-pox being rendered milder by previous vaccination, I am impressed with a belief that this disease is, in general, more severe in its attack, and more nearly resembles mild small-pox, in those individuals who have been vaccinated, than in those who have never passed through that process : it is no wonder, therefore, that as vaccination is so general, and, for the most part, performed at so early an age, varicella should commonly appear with more of a varioloid character now than formerly ; and it is probably this circumstance which has led to the opinion of varicella being but a variety of small-pox.

Until varicella conforms to the laws of the acknowledged varieties of small-pox, in affording protection against the attacks of all the other varieties of that disease, in the same manner as variola discreta and variola confluens do against each other, I shall still continue to consider them as distinct diseases, although I confess myself totally unable to comprehend why vaccination should render one of these diseases milder and the other more severe; an opinion I have formed from my own individual experience, but which I should wish to see established or refuted by the concurrent testimony of Practitioners in general.

Northampton Square.

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V.

*Observations on Mr. CHARLES BELL'S Controversial Lecture.*

By JAMES BEDINGFIELD, Esq., Surgeon, and late Apothecary to the Bristol Infirmary.

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I HAVE perused Mr. Charles Bell's controversial lecture with great interest and attention: upon the whole, it is written with much temper and moderation; but occasionally there is an asperity, as well as a coarseness of expression, which it would have been better to have polished.

Every one who has witnessed the surgical skill and operative dexterity of Sir Astley Cooper (unquestionably the most adroit operating Surgeon of the age), will know what degree of value to attach to the impression which Mr. C. Bell so sedulously endeavours to convey, by repeatedly accusing him of DIGGING out a portion of the spine. Again, when he asserts that "none but young men, ambitious of notice, will attempt any surgical operation for the relief of fractured spine," or expects that the *ipse dixit* of his brother will be received in opposition to the "highest authorities," he certainly calculates upon more than will very readily be conceded to him.

I am not, neither was I ever, particularly ambitious of being known; yet when I was some years younger than I now am, I submitted the detail of a case of fractured spine to the public, in consequence of having seen patients with injuries of that column suffered to perish without a single effort being made for their relief; and from a conviction that cases OCCASIONALLY do occur in which an operation would be highly beneficial: this I did without being, at the time, aware that the opinions then delivered were opposed to those of Mr. John Bell and his brother. The case is related at

page 264 of my Compendium of Medical Practice, to which I beg leave to refer the reader of these observations; or, if it will not occupy too much of your valuable Journal, I could wish to have it inserted here, with the observations attached to it.\* At the same time that I am inclined to think that

\* We subjoin the case and observations, in conformity with Mr. B.'s wish.—EDITOR.

*Case.*—“James Palmer, aged sixty-three years, was admitted into the Infirmary, on Wednesday, June 19th, 1812, at ten o'clock at night. He stated, that about seven o'clock, he fell from a load of hay, backwards, and that he struck the back of his neck violently against the ground.

“When the head was elevated, he complained of excruciating pain. There appeared to be a slight depression in the integuments above the spinous process of the fifth cervical vertebra; but whether it was the natural conformation of the part, or the consequence of the injury, could not at that time be determined. His mental faculties were not at all impaired, but his speech was rather indistinct. His upper and lower extremities were completely paralysed and destitute of sensation. Various parts of his body were pinched, without his being at all conscious of the violence committed upon them. His pulse was full and slow; it did not beat more than fifty times in the minute. Twelve ounces of blood were directed to be taken from his arm, and afterwards a cathartic powder was given him.

“20th.—He appeared somewhat better; his articulation was more distinct; his pulse eighty, and regular; he slept a little during the night. As he was incapable of expelling his urine, a catheter was directed to be passed twice a day. The cathartic powder produced no fecal evacuation. Half an ounce of castor-oil was directed every four hours.

“21st.—In the same state as yesterday. He once felt an inclination to go to the closet; but, when there, was unable to expel any thing from the intestinal canal.

“22d.—Pulse diminished in frequency, not more than forty-eight in the minute, and was weaker than upon his first admission. Voice feeble and indistinct. He died about nine o'clock at night.

“*Examination.*—Upon making an incision along the spinous processes of the cervical vertebræ, blood, in considerable quantities, was observed to have been extravasated. The spinous process of the fourth cervical vertebra, reckoning from the atlas, with that portion of the vertebra constituting the back part of the medullary canal, was broken off from the body of the vertebra. It was quite loose, and only required to be dissected from the surrounding muscular substance to be removed. Its inferior edge was advantageously situated for making compression upon the medulla spinalis, and probably was driven upon it at the time the blow was inflicted. The medulla was not at all lacerated, nor did it exhibit any mark of long-continued compression. Upon puncturing its investing membrane, a quantity of serous fluid escaped. It could not be discovered that the body of the vertebra was injured.

“*Observations.*—The most remarkable circumstance in this case is the length of time the patient lived after the accident. It has been stated that a fracture of the cervical vertebræ, for the most part, proved instantly fatal; whereas this man lived seventy-one hours. The case warrants the conclusion, that an operation would have saved the patient. Where the spine is simply compressed, and without having sustained any laceration or other injury, I can see no reason why the removal of the compression should not relieve as effectually as elevating a portion of depressed bone from the cerebrum.

the application of the trephine may not be necessary, I am as fully convinced of the necessity and propriety of making an incision down to the fractured vertebra, and of elevating, by means of a pair of forceps, any portion of bone that may be pressing upon the medulla spinalis. I would request Mr. Bell and his readers to look at his first plate, figure 1, letter D : had no other injury been inflicted upon the spinal column than that represented at the letter D, I think it must be evident that less mischief would have arisen from an incision and from the elevation of the fractured spinous process, than from its being allowed to remain pressing upon the spinal marrow. An incision of a few inches in length in the course of the spine cannot be a very "bloody operation;" neither can it be a very painful one, as the integuments covering it are but sparingly supplied with either blood-vessels or nerves: and it is also to be borne in mind, that that part of the incision BELOW the fracture is insensible. The effusion of blood occasioned by the incision will be more likely to relieve than to aggravate the local inflammation, even though the marrow be surrounded "by membranes the most prone to inflammation of any in the whole body" — an assumption which I take to be gratuitous; for the tunica conjunctiva, the pleura, the peritoneum, &c., often undergo the inflammatory process without any evident exciting cause,—whereas inflammation of the spinal sheath, independent of local violence, is of comparatively rare occurrence.

"It may, perhaps, be urged against an operation, that it is impossible to determine whether the medulla be torn or not. It is a common practice to destroy animals by dividing the medulla. They die almost instantaneously after the operation. Almost as sudden will be the death of a patient, where the medulla (as it is passing along the cervical vertebræ) is wounded; but where it is simply compressed, the patient may survive hours, or even days, as in the case above related.

"A force sufficient to fracture the body of one of the superior cervical vertebræ would inevitably destroy life at the same time; but a less degree of force would be capable of breaking off the processes of the vertebræ, and driving them upon the medulla. If they be suffered to remain there, the patient will inevitably die; if they be elevated, he may live. Whenever, therefore, a superior dorsal or cervical vertebra is fractured, an examination of the parts should be made, if the patient survives a few hours. It cannot possibly do harm, and affords a prospect of success. The immense mass of muscular fibre which must be cut through, to expose the vertebræ completely, ought not to deter us from making an incision through it. No part of importance can be wounded, even though the incision were to be carried through the whole length of the spine. Generally, an incision of five inches in extent will be sufficient.

"In a work professedly medical, perhaps I have erred by introducing a surgical case. I have, however, so frequently seen patients with injuries of the spine suffered to perish, without a single effort being made for their relief, that I trust the irregularity will be forgiven."

I should rather be inclined to draw an opposite conclusion, and to say that the medullary sheath is not very prone to inflammation,—for we find that disease of the bones sometimes exists for a long period without materially affecting the membranes; and from thence to infer, “that as fracture or dislocation of the spine, with ENTIRE rupture of the marrow, is not necessarily fatal, and as there may be reason to hope that the spinous processes only are fractured,” not merely that little mischief, but that much good, will arise from an incision being made down to it, and removing any portion of fractured bone that may be pressing upon it with a pair of forceps. So strongly, indeed, does this conclusion force itself upon me, that although I feel no inclination to tell those who may entertain an opposite opinion that they “are foolish persons or blockheads,” I must continue to cherish it and to inculcate it, although it does not accord with the highly respectable authorities of the Messrs. Bell.

Stowmarket.

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## VI.

*On the Peculiar Species of Convulsion in Children, as described by the late Dr. JOHN CLARKE.* By Mr. HARRY COX, Member of the Royal College of Surgeons, Licentiate of the Company of Apothecaries, and late Apothecary to the Royal Universal Dispensary for Children.

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I AM happy to find that the peculiar species of convulsion, described by the late Dr. John Clarke, has lately occupied the attention of the Profession, as, from circumstances within my own knowledge, I am inclined to think it is a disease of the infantile state which has been very much overlooked. Having by me notes of a few cases which were taken at the time of their occurrence, I have thought they would not be unacceptable to such of your readers as may feel interested in the subject. With respect to the name of this disease, perhaps it may be as well to leave it as Dr. Clarke has designated it; if, however, another name must be substituted, I should prefer calling it cerebral croup. The term spasmodic croup has been very strongly objected to, and, perhaps, with great propriety, inasmuch as it tends to confound it with cynanche trachealis, from which it differs entirely in its nature. It is very common, in conversing with medical Practitioners, (at least, it has occurred to me very frequently,) to be told, “I have had a great deal of croup lately among children:” if you inquire as to the comparative



fatality of the disease, the answer is, "Oh! I have succeeded in curing almost all of them!"—only, perhaps, losing three or four out of a dozen cases. Now, independently of the rarity of *cynanche trachealis*, I do not believe it to be a disease in which recovery so frequently occurs; and after deducting from this number those of the disease in question, and, which are still more numerous, those of acute bronchitis, I think the remainder will be but very few in number.

With regard to the seat of the disease, it certainly is not a matter of such little importance as to be slightly passed over. It is very much to be regretted that the diseases of children are so frequently looked at through a particular medium, for as surely as this is the case will the disease be referred to this or that particular cause; and that all diseases, or nearly all, should be referred to one cause, is certainly laying down, in theory, what can never be found in practice, and is the means of introducing an empirical mode of treating a disease, which cannot be applicable to its various forms. Thus, teething, worms, gastric derangement, and some others, in their turn, according as they may have the ascendancy, are compelled to be the cause of every disease to which a child is liable. These remarks are perfectly applicable to the disease in question. Cases of this disease have come under my notice where there has not been one symptom of gastric derangement—the belly being free from pain, and the motions perfectly healthy.\* On the other hand, I have seen the disease without any symptom of cerebral affection, but with considerable derangement of the abdominal secretions, and sometimes extreme pain in the belly. The disease appears to me to consist of a convulsive action of the trachea, sometimes, but not always, attended with a convulsive action of other parts of the body, as the face, hands, or feet. This morbid action I consider as arising from cerebral irritation, which may be either symptomatic or idiopathic: when it is unattended by symptoms of excitement of the brain, I suppose the diseased action to be transmitted through the medium of this organ, without actual inflammation existing in it. I have known it occur, in three instances, either preceded or followed by mesenteric disease. In the three instances in which I have known it prove fatal, the children all died in a fit which came on unexpectedly. In one of these cases, although the stools had been black, brown, green, and slimy, no structural disease in the abdomen could be detected on a careful dissection: the head was not examined. In another case, the only appearance of disease was

\* Hydrocephalus also sometimes occurs under these circumstances.

ulceration of the internal and middle coats of the small intestines: the head was not examined. I was not present at either of these examinations. Another case was attended with considerable enlargement of the head and the usual symptoms of chronic hydrocephalus: when I last saw this child, I considered it past recovery.

The symptoms of this disease will, perhaps, be best illustrated by relating a few cases. I recollect, however, an instance, the particulars of which I have not committed to paper, in which the child was particularly fond of a man residing in the same house: this man, by way of amusing the child, had been in the habit of dancing it violently in his arms, at which it was accustomed to express itself highly gratified. When, however, it became affected with this disease, this motion invariably occasioned the crouping noise; and, at last, the mere sight of this man produced it, attended with considerable distress, and apparently threatening suffocation.

With respect to the treatment, when it appears to arise from idiopathic cerebral excitement, especially if it be attended with general convulsions, we should lose no time in the application of leeches to the temples and blisters behind the ears. I have put this mode of treatment to the test, by adopting it, and administering no other medicine than the common saline mixture, and with perfect success.\*

\* I cannot omit this opportunity of entering my protest against the misplaced timidity with respect to the application of leeches to children. It is said young children cannot bear active or repeated depletion, and that, if submitted to such treatment, they sink under it. This may apply to a child eight days or eight weeks of age, but certainly not to a child of eight months or upwards: after this period they bear depletion well, and possess powers of recovery from an extremity of disease far greater than those of the adult: in the latter there are, in many diseases, symptoms which will induce an experienced Practitioner to say there is no chance of recovery, but will he say so of children? I will venture to assert he will not: and I am sure every mother who has reared a family will bear testimony to the extraordinary powers of recovery which children possess. It is also said that the repeated application of leeches reduces the powers of the system, and renders it irritable, thereby becoming a source of irritation to the existing disease. The soothing plan is at present the favourite with many Practitioners: it has not been my good fortune to witness any good effects from this plan in many cases in which I have seen it recommended; the ill effects arising from it have frequently presented themselves to my notice in the form of chronic structural disease, which admitted of no relief. Within the last six years I have seen upwards of ten thousand cases of diseased children; and, during that time, prescribing, as I have done, for thirty, forty, or fifty children of a morning, I have so constantly been in the habit of seeing neglected cases of inflammation of the lungs or the brain, or of fever accompanied by these, that it is my firm belief more children have died from the neglect of leeching than ever adults have died from famine or the sword.

Where abdominal irritation appears to be the cause, unattended by any symptoms of disease in the head, we may expect one or other of the following symptoms: either a considerable derangement of the abdominal secretions, or an extremely painful state of the belly, with violent fits of crying and drawing of the legs towards the abdomen, and sometimes the passing of a considerable quantity of wind *per anum*, followed by immediate relief. The secretions of the liver and mucous membrane of the intestines being deranged, the plan I have found most successful is a moderate dose of hyd. submur. and pulv. rhei one morning, and ol. ricini the next, persevered in for some time, giving also twice a day sodæ carb., pulv. rhei, and infus. calumbæ. When pain in the belly exists, it is usually relieved by the warm-bath and a combination of magnes. carb., pulv. rhei, and aq. menthæ. The diet of a child, under these circumstances, is of considerable importance; the breast is by far the best mode of nourishment, and to it the child should be confined, if practicable. If the gums be full, they ought, by all means, to be lanced. The combination of abdominal and cerebral affection is, perhaps, most frequently the case in this disease: when it is so, we should not suppose that mere attention to the abdominal functions will remove the complaint — it will not do so. I recollect, in a case of this description, a friend of mine, who had frequently differed with me in opinion as to the propriety of repeatedly bleeding children, cautioned me against the application of leeches and blisters: it was considered to be a case beyond recovery, there being, to all appearance, effusion in the ventricles. The child was about a year and a half old; and although much emaciated, I applied two leeches to the temple, and rubbed the ung. lyttæ behind the ears: the symptoms were somewhat relieved. The leeches were repeated a second and a third time. The child perfectly recovered; and on being shewn to the gentleman alluded to, he was much surprised. In the course of the disease, the lungs sometimes become the seat of inflammation, requiring the application of leeches to the chest. I shall conclude with the following cases of this disease: —

#### CASE I.

*Mary Anne Richards*, aged seven months. — March 16, 1824. The present ailment was noticed soon after the birth of the child, and within the last three months has rapidly increased in violence. The breathing is constantly shrill, and when disturbed it becomes quite croupy: whenever the child awakes the noise is violent, whether she awakes crying or not. When taking the breast, she requires to be removed about every two minutes, and sometimes oftener,

as she seems almost suffocated : distress is occasioned by lying flat on the bed, except the head is much raised : at the time of making the crouping noise, her face, arms, and legs, become very dark-coloured — almost purple : her appearance is plump, her belly soft, and of moderate size : very seldom two motions of the same appearance succeed each other — never a healthy one — four or five in the twenty-four hours, generally dark-green and slimy — occasionally very offensive : head not at all drooping — quite lively. Pulv. rhei, gr. iij. ; hyd. submur. gr. j. ft. pulv. Ol. ricini, ʒj. Alt. aur. sumend.

19th. — The motions are still offensive, but of a lighter green colour : the crouping noise has only occurred twice in two days. Contin. medic.

25th. — The noise alluded to has entirely left her ; breath rather short, with a slight cough : no increase of heat of the skin, but the tongue is white : motions relaxed, consisting principally of white slime. Cont. med.

April 6th. — No crouping noise : breath rather shorter : on the strictest inquiry, no convulsive action of the face, hands, or feet, have occurred. Hirudo sterno. Contin. ol. et pulv.

8th. — Cough rather troublesome : one healthy motion daily. Ol. et. pulv. bis hebdom. sumend. Pulv. conii, gr. jss. 4tis horis.

14th. — Cough violent ; breathing short and thick ; moaning ; drooping of the head : restless at night. Four offensive, knotty motions yesterday. Ol. et. pulv. alt. aur. ; contin. conium ; hirudo sterno ; ung. lyttæ ponè aures infricand.

17th. — The head and chest much relieved : motions healthy.

20th. — Convalescent.

## CASE II.

*Elizabeth Bessy*, aged one year. — March 18, 1824. Five months since had cough and dyspnœa, with fever. These symptoms have varied in degree, but have never left her. A fortnight since was first observed to clench the fingers closely on the palm, with the thumb inside : this left her, and did not return till this morning. A month ago was noticed to make a crouping noise : it occurred when danced about in the arms ; also on coughing ; sometimes also it occurred when she awoke : it was sometimes so violent as to alarm the mother for fear the child should be suffocated. Early this morning she appeared extremely restless and cried violently, kicking the legs about, and drawing them towards the abdomen. The motions have not been healthy for five months — resembling pus — extremely offensive — four in the twenty-four hours. Slight fever ; head generally drooping ; starts occasionally during sleep. Hirud. ij. temp. Ol. ricini, ʒij. ; pulv. rhei, gr. iv. ; hyd. submur. gr. j. Alt. aur. Mist. carminat. pro re nata.

23d. — The crouping noise is not so loud, neither does it occur so frequently ; head not so heavy ; belly easier. Hirud. ij. Cont. medic.

31st. — Symptoms moderate : a rash coming out on the skin.

April 1st. — The rash came out this morning, and proved to be the measles. Towards the evening she had a strong fit; a quarter of an hour after she had another, which continued, varying in violence, till four the next morning, when she died.

The crouping noise had entirely ceased for several days previous to her death, and she was considered convalescent till the 31st.

### CASE III.

*Sarah Ricketts*,\* aged ten months. — May 11, 1824. This child thrived well till the attack of this disease, which was first noticed about a week since. Without any previous indisposition or unhealthy state of the bowels, it was observed to make a strong crouping noise, which within these few days has increased in frequency and violence: its motions are quite healthy: the noise occurs every time she awakes from sleep, when in a passion, or when she laughs. For the last week the head has been observed to droop very much; the sleep disturbed by severe startings; and, when awake, she moans very much; her face twitching very much, and becoming dark-coloured round the mouth and eyes; the hands and wrists strongly contracted: one motion daily. Hirud. ij. temp. Pulv. rhei, gr. iij.; hyd. submur. gr. j. — M. ft. pulv. Alt. aur. sumend. Ung. lyttæ ponè aures infricand.

18th. — Head not quite so heavy; starting not so frequent nor violent; more cheerful; made the crouping noise twice yesterday when she cried; face and hands much convulsed; three healthy motions yesterday. Hirud. ij. temp.; contin. pulv.

20th. — Cried severely seven or eight times yesterday; kicking the legs about very much; was much convulsed both in the hands and face, and made the noise frequently; two healthy motions; seems much relieved on passing wind. Mist. carminativ. 4tis horis.

24th. — Quite cheerful; head not at all drooping; hands and face slightly convulsed this morning; made the noise twice yesterday, but very slightly; passes wind freely; motions healthy; belly free from pain.

31st. — Convalescent.

### CASE IV.

*Jane Jones*, aged eleven months. — May 3d. About three weeks since was attacked with sneezing, and other catarrhal symptoms. Ten days since she began to make the crouping noise on waking from her sleep; she now does it whenever she is irritated: she appears to attempt to cry, and not being able, to expand the chest till she has made powerful efforts four or five times, at each of which the noise is made: her lips occasionally look very dark-coloured, but this appearance goes off in a few minutes; her eyelids also assume the same appearance: she occasionally moans. Yesterday her hands were both half-closed at intervals throughout

\* The mother's sister had a child to nurse who died of this complaint: it continued ill three months, and died in a fit.

the day, and the noise was greater than ever: one slimy motion. Pulv. rhei, gr. iv.; hyd. submur. gr. ij., ft. pulvis. Ol. ricini, ʒij. alt. aur. sumend.

10th. — Very restless last night; noise violent; eyes slightly convulsed; great heat of skin; perspires violently at times: one healthy motion daily. Contin. medic.

17th. — Made the noise but very slightly yesterday; not convulsed; two relaxed, dark, offensive motions; more cheerful; occasionally cries out violently, kicking the legs about, and drawing them towards the abdomen. Rep. medic.; mist. carminativ.; balneum tepid. pro re nata.

24th. — Improving generally; abdominal pains relieved; motions more healthy.

June 3d. — Convalescent.

#### CASE V.

*James Knowles*, aged eight months. April 29, 1824. Thrived well till the age of three months, when he began gradually to waste away, and, on waking one morning from his sleep, made a crouping noise; it increased in frequency and violence, and now occurs eight or nine times a day, sometimes three or four times; crying, or fretting without crying, will produce it; the draught coming suddenly into the breast whilst he sucks also produces it. He starts and jumps in his sleep, moans frequently, and droops the head. Three weeks since he had a severe fit, which lasted about ten minutes. Since this time he has had eight fits a day at irregular intervals: they sometimes come on with the crouping noise: sometimes he throws himself out straight, and remains stiff till the fit is over; he is then very black about the eyes and mouth, and these parts are much convulsed. He has a severe cough, coming on in paroxysms, and is frequently out of breath from coughing, without making the noise. Bowels rather costive; one or two motions a day — black, brown, or grass-green — occasionally curdled or slimy. All I know further of this case is, that the child died in a fit. A friend of mine examined the abdomen after death, but could not discover any thing morbid in it: the head was not examined.

#### CASE VI.

*Richard Oddie*, aged one year and a half. — March 16, 1824. A week since was excessively disordered in his bowels, and still continues so; has twenty motions in the twenty-four hours, which are offensive, watery, black, and of various colours — sometimes they are clayey. In a day or two after this attack, his head began to droop and his eyes became much convulsed; has lost flesh considerably. Hirud. ij. temp. Pulv. rhei, gr. iv.; hyd. submur. gr. ij., ft. pulvis. Ol. ricini, ʒij. alt. aur.

21st. — Head was relieved by the bleeding, but it is again heavy. Hirud. ij. temp. Ol. et pulv. contin.

28th. — Head again relieved; motions improved.

April 5th. — Motions quite healthy; convulsive action ceases.

9th. — Two days since his head became heavy; his hands



strongly contracted at the wrist, and the crouping noise first occurred: it now returns almost every ten minutes: motions healthy.—Hirud. ij. temp. Emp. lyttæ ponè aures utras. Contin. medic.

13th. — On the 11th he had a strong fit, which lasted about ten minutes, the mouth and eyes working violently. Since this he has not been convulsed at all; crouping noise not so loud; motions dark-brown and offensive; when the hands and feet were strongly convulsed, the crouping noise was most violent. Cont. med.

20th. — Two days since he gradually became considerably convulsed; his hands and feet were violently contracted.

25th. — He had five or six green, black, and slimy motions, and the crouping noise returned violently; head drooping; moaning and screaming; sometimes crying violently, and drawing the legs towards the abdomen.—Hirud. ij. temp. Emp. lyttæ nuchæ. Mist. carminat.

May 3d. — The only parts at present convulsed are the eyes, and they but slightly; the crouping noise has ceased for several days; motions healthy.

10th. — Convalescent.

Broadway, Ludgate Hill, January 12, 1825.

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## PART II.

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### ANALYTICAL REVIEW.

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#### I.

*An Exposition of the Natural System of the Nerves of the Human Body; with a Republication of the Papers delivered to the Royal Society on the Subject of the Nerves.* By CHARLES BELL, Professor of Anatomy and Surgery to the Royal College of Surgeons; Teacher of Anatomy in the School of Great Windmill Street; and Surgeon to the Middlesex Hospital. 8vo. Pp. 392. London, 1824.

WE have already given some account of Mr. Bell's views respecting the functions of certain parts of the cerebro-spinal system of nerves. To this account we refer our readers.\* We may, however, remind them that he confined himself, in the papers which appeared in the Philosophical Transactions, to the examination of the anatomy and functions of those nerves which supply the muscles of respira-

\* MEDICAL REPOSITORY, Vol. XIX. pp. 1—8, and Vol. XX. p. 12.  
VOL. III. NO. 14.—NEW SERIES. S

tion. He subsequently examined the uses of the nerves of the orbit. From these papers, we were of opinion that Mr. Bell had fully established the fact that the nerves which supply the muscles of respiration and the parts associated with them in function constitute a distinct order of nerves. Although this fact was evident from an attentive perusal of the details of Mr. Bell's researches, yet were these details given in a manner which was deficient in perspicuity and method; and the consequence is, that, notwithstanding Mr. Shaw's illustrations of them in the *Journal of Science and the Arts*, and in the *Medical and Chirurgical Transactions*, and in the *Medical and Physical Journal*, and notwithstanding the opposition which was offered by Mr. Mayo, they have not yet met with the attention which they deserve. Of this neglect Mr. Bell has some reason to complain; but we think he is himself chiefly to blame.

The work now before us consists of those papers which have already appeared in the *Philosophical Transactions*, with the addition of some illustrative matter, and an introductory chapter containing 'an exposition of the natural system of the nerves of the human body.' This chapter is the most interesting part of the book. But why does Mr. Bell apply the term 'natural system of nerves' to that part of the nervous structures which has been much better denominated the cerebro-spinal system of nerves? It is by no means clear what he means by the term he here uses; for is not every part of the nervous system 'natural'?

Mr. Bell commences his 'exposition of the natural system of nerves' by enumerating, in these terms, four general propositions; on each of which we beg leave to add a few remarks.

'In the view which I have taken of the nerves of the human body, there are, beside the nerves of vision, smell, and hearing, four systems combined into a whole. Nerves entirely different in function extend through the frame; those of sensation; those of voluntary motion; those of respiratory motion; and, lastly, nerves which, from their being deficient in the qualities that distinguish the three others, seem to unite the body into a whole, in the performance of nutrition, growth and decay, and whatever is directly necessary to animal existence.' — P. 8.

*1st and 2d Propositions.* — Mr. Bell here states, in a word, what he endeavours to shew at greater length subsequently, that the nerves of voluntary motion are distinct from those of sensation. He adduces an account of the progress of his views with respect to this matter, and contends that, although the proposition was afterwards illustrated by Magendie, he had before both stated and taught the fact, that the nerves

of voluntary motion and sensation are distinct in themselves and in their origins. We readily allow, that whatever difference may exist between this order of nerves, as respects their individual fibriles, their origins from different columns of the spinal chord, or the extent and limitation of their functions, was first seen by Mr. Bell. Therefore he ought not, in justice, to be deprived of the honour. But both he and Magendie have contended for a difference — amounting to a perfect limitation of function to each — which we are inclined to think does not exist. For our parts, we require more complete evidence that it does exist before we admit it.

*3d Prop.* — Mr. Bell next implies that the nerves of respiration form a third order of nerves, which he has termed the superadded or respiratory, and infers that they are distinct from other nerves, because their origins in the medulla oblongata are both distinct and different from the foregoing orders, viz. those of voluntary motion and sensation; because they are not accompanied with nerves of sensation, as the first-mentioned order is; and because they do not bestow the faculty of feeling or sensibility on the parts which they supply. This view is one which Mr. Bell has had the honour of first pointing out fully and illustrating, although neither clearly nor methodically, yet, we think, satisfactorily.

We now come to the fourth and last proposition contained in the paragraph quoted above. Mr. B. here states—and be it recollected that the proposition, as he couches it, conveys admissions which are not to be met with in his former writings—that there are ‘nerves, which, from their being deficient in the qualities that distinguish the three others, seem to unite the body into a whole, in the performance of the functions of nutrition, growth, and decay, and whatever is directly necessary to animal existence.’ It is true that these nerves, to which he here alludes — the sympathetic nerves — are not subservient to the faculty of voluntary motion; but they are subservient to involuntary and vital motions, if they be not the chief and efficient agents of these motions. Again, they possess an acute sensibility, and one which most intimately interests the vital actions of the animal, whenever they are inordinately or morbidly excited, although their sensibility is not awakened by slight causes, or by those which readily affect this property in the cerebro-spinal class of nerves. Here, therefore, Mr. Bell is deficient, not only in precision, where he ought to be most precise, but also in accuracy, where he ought to have been most accurate. The last member of the sentence now quoted also admits, for the first time, that he has made the admission, in his

writings, of certain facts which we can prove ourselves to have been the first to have established,\* notwithstanding all that Winslow, Johnstone, Richerand, and Bichat, have said respecting the anatomy of the nerves to which these facts relate. But what Mr. Bell admits, at this place, he afterwards retracts in the following sentence, where he expresses his ignorance of the functions of a system of nerves, of the properties and faculties of which he had given a brief but confident opinion. 'The sixth nerve,' he observes, 'stands connected with another system of nerves altogether; I mean the system hitherto called the sympathetic, or sometimes the ganglionic system of nerves; and of this system we know so little, that it cannot be matter of surprise if we reason ignorantly of the connexion of the sixth with it.' Conformably with this opinion, Mr. Bell says nothing respecting this system of nerves. The whole scope and intention of the work is to illustrate analytically the three previous propositions contained in the paragraph which we quoted. To go over these illustrations, would be to review topics which have already come before us. We therefore dismiss the volume; — but we do so with the most cordial recommendation of it to our readers, and with sincere thanks to Mr. Bell for the services he has rendered anatomical science, by the details of the researches which it contains. At parting, however, we have a few words of advice to offer to Mr. Bell. We give this advice with a real esteem for him, and with the conviction, that were he to adopt it in his future writings, his reputation would, at least, not be the loser by the adoption.

An attentive reader of the work before us will readily perceive that Mr. Bell should study a more logical and clear method of exposing his views than he has adopted. His language, his illustrations, and his distinctions, should be much more appropriate and precise; and much less metaphorical than they frequently are; and, above all, he should endeavour to avoid that diffuseness into which he constantly lapses. These faults are serious ones when they are met with in the details of important researches into the minute structure of the human body, the functions of its organs, and into the more intricate relations both of these structures and of their actions. Whoever employs himself in the manner Mr. Bell has been employed is truly a philosopher, independently of adventitious considerations, far above which such an individual should consider himself as being placed; he should therefore never forget to be philosophical in his

\* See the Notes on the Functions of the Ganglial Class of Nerves, in the Appendix to Richerand's Physiology.

manner and bearing. We have been led to say this, because we are of opinion that Mr. Bell has suffered from a neglect of those matters which we have now pointed out to his attention. And we consider that, independently of any other consideration, we have a right to give the advice we have now given, from our position as respects medical literature, and the responsibilities imposed on us by the duties of our office.

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## II.

*Observations illustrative of the Nature and Treatment of the prevailing Disorders of the Stomach and Liver.* By THOMAS JOHN GRAHAM, M.D. 8vo. Pp. 224. London, 1824.

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MORTIFYING as it is to all who practise so important and respectable a profession as that of medicine to listen to the doubts of its utility, in which even sensible people will occasionally indulge, it is still more mortifying to feel, as we must do, that the conduct of those engaged in it has afforded abundant excuse for the scepticism. A short retrospect, indeed, will afford such store of defunct theories, all lords of misrule in their turn, that it would, indeed, appear as if medicine had nothing sure beyond its changes, and were to nothing steady except its vacillation. Omitting the visionary notions of former times, which, how absurd soever, had yet their day of superstitious faith, how little of rationality is there in those more recent fluctuations of opinion and practice of which our own memories might furnish ample testimony! They, indeed, who have made medicine a study, may know that it is really deduced from fundamental rules, which, like those of other sciences, are unchangeable; and that its apparent uncertainty, depending upon the same appearances being viewed through different optics, is rather the error of human nature than chargeable upon itself. But these reflections, being such as are almost necessarily confined within the pale of the Profession, are scarcely to be expected from those who, without the antidote which intimate acquaintance would supply, observe how it oscillates from

‘ blanc au noir,

Et condamne au matin ses sentimens du soir,’—

who behold it reject today the rules of practice which yesterday it held in reverence, and, unstable as the sand, assume a fresh aspect under the wave of every new eminent opinion. It would be well for medicine, and, we may add,

for those who suffer medicine, if the opinion of the day were always of a harmless nature; but the contrary has been the case in more than one striking instance: and, at present, we know of no doctrine more calamitous than that which beholds diseased liver in symptoms by which only a prejudiced imagination could detect it, nor any practice which we would more earnestly deprecate than that which ministers to such hepatomania by its mill-horse employment of the eternal mercury. It has, indeed, been suggested to us, that amongst the tides in the affairs of medicine it is now that of ebb with the one under consideration. We shall be glad if it be so; for amongst other similar cases, which we could readily narrate, there is one which circumstances cause to occupy just now a very prominent situation in our memory — one in which black or very dark stools were of themselves considered sufficient evidence of diseased liver, and repeated salivation, in consequence, resorted to, until mesenteric consumption and death, heralded by blue devils, horrible nervous depression, and impaired faculties, rendered honour due to the activity of the medicine on which the patient had been taught to rest his hopes of cure.

It is a trite remark that the persons whom we think clever or sensible in conversation are they whose opinions are in unison with our own; and if the observation be equally applicable to books, it is then very natural, when the notions submitted to the Profession in the volume now before us jump so nearly with those we entertain ourselves, that we incline to speak of them in terms of approbation. Indeed, 'liver complaint' and 'hepatic derangement' have been so common a maggot in the heads of medical men and hypochondriacs, that very nausea of the term, setting aside the mischiefs of malpractice, would be quite sufficient for us to encourage with our praise any attempt to restore either class of individuals to their right mind. But the book before us has other claims than those of good intention, upon the suffrages of all who, like ourselves, are devoutly anxious that the reign of hepatic terror should have an end; yet, as we at all times prefer to take our impression with regard to the qualifications of a third party rather from personal intercourse than the report of a friend, we shall only introduce our author and the reader to each other, and leave them together.

Those disorders which are, in common language, called bilious and liver complaints, are denoted by some or all of the following symptoms; viz. a sense of distension and oppression after eating, with flatulent, acid eructations; diarrhœa, or constipation, and uneasiness of the bowels;



furred tongue ; impaired appetite and strength ; discoloured motions, they being either green, black, or much too light ; nausea, headach, and bilious vomiting ; palpitation of the heart ; pain in the pit of the stomach and towards the right side ; sallowness of complexion, and depression of spirits. But, according to the experience of the author, a very large proportion of such maladies are properly affections of the stomach and intestinal canal. In every severe disorder of these viscera, it is true that the liver participates ; but in such sympathetic and functional derangement we shall see that mercury is not always advisable, even in minute doses, and that in large ones it is invariably pernicious. The importance attached, in the animal economy, to the liver, appears utterly inconsistent with our physiological knowledge, and with the information acquired from morbid anatomy, as well as invalidated by established facts. This, indeed, might be anticipated were we to reflect on its loose connexions with the surrounding organs, and compare its paucity of nerves with the number and variety of those distributed along the continuous surface of the alimentary canal ; by whose mutual anastomoses are established so elevated a sensibility in the organs they supply, and so intimate an intercourse of sensation between those organs and the other parts of the body, as to explain at once the constitutional origin of local disease, and that indescribable sympathy which exists between an unhealthy state of the assimilating viscera and the general health. In proof of the dull sensibility of the liver, Dr. Graham cites the ‘ Medical Topography of New Orleans,’ by Dr. Archibald Robertson, in which its author observes, that ‘ the complaint (dysentery) would oftener make its attack with the common introductory symptoms, and *no pain in the right hypochondriac region was felt throughout the disease either on inspiration or strong pressure under the false ribs.* Dissection of the fatal cases shewed structural derangement—a soft friable condition, and generally suppuration of the liver. I have often found two separate abscesses in the parenchyma of its large lobe, the one generally less deep-seated than the other, and containing, in some instances, a quart of pus similar in colour and consistence to that usually found in psoas abscesses. *How such extensive disorganisation and formation of matter could take place without any preceding palpable indication of local mischief, is to me still a mystery, but such was the fact.*’ The same writer records, that in another case, ‘ after the liver had been removed and laid out for minute inspection, I found an abscess of such extent, and so lined on its inner surface with a thick fretted and irregular exudation of coagulable

lymph, that it resembled a familiar and homely object, viz. a large winter glove lined with worsted! On accurate examination, a second abscess was found lower down in the large lobe, containing a pint of pus. This officer *had never at any period of the disease felt any pain in his side*. From his general intelligence, and from the accurate descriptions he gave me daily of his minutest sensations, I am convinced he would have mentioned that pain had it existed even to the extent of a *sensus molestiæ*. *Besides, he was one of the last men in the world that one could have suspected of hepatic affection, being florid in complexion, and having previously enjoyed the best health all his life.* According to Dr. Graham's experience, it is a fact that the liver has frequently been the seat of positive disease, without the constitution or any single viscus sympathising with it, while the stomach and intestines, unquestionably performing the most important offices in the frame, originate many of the local and constitutional derangements of the system. Yet, if we conform to the fashionable pathology of the day, we are to consider them inferior in importance to the liver, and thus retrograde in our knowledge of diseases, and in our acquaintance with the means of cure.

‘Amongst the circumstances which have given rise to the opinion that hepatic disorders are prevalent in Great Britain, one of great weight is the frequent presence of fulness at the pit of the stomach, tenderness on pressure, and pain extending a little to the right side. But this ought to be carefully distinguished from the enlarged and indurated state of the liver occasionally to be felt on manual examination, and depends usually upon irritation and debility of the internal surface of the stomach, duodenum, and colon: although it is evident that, from the relative situation of these organs with regard to the liver, we must often be liable to mistake the true nature of the affection. Tenderness and swelling on the upper and fore part of the abdomen is [are] frequent in disorders of the digestive tube, but are different from that produced by diseased liver, in not being situated so much towards the right side, or [nor] so low, and from the swelling being not hard, but puffy and elastic. The tenderness, unlike that which originates in hepatic disease, is not felt only on pressure of the hand, but is almost always present more or less, and is sometimes very troublesome when no pressure whatever exists on the part. The duration of these symptoms will also assist in forming the diagnosis; for if they have supervened in two or three weeks after the first feelings of indigestion, we can scarcely consider them symptomatic of diseased liver, as chronic organic derangement usually takes a much longer period to develope itself. The dissimilar effects which follow local blood-letting will likewise point out a difference between the two complaints. In the puffiness symptomatic of disorder in the alimentary canal, the application of

leeches is almost immediately followed by striking and permanent relief; while in chronic disease of the liver it is attended by very little and transitory benefit. If the duodenum, whose disorders form a very important object of study, be the part affected, pain will frequently be felt deep under the seventh or eighth rib, as if in the seat of the gall-bladder; and Dr. James Hamilton junior observes, that if, together with the usual symptoms, the urine has a milky appearance, this intestine is unquestionably the seat of the complaint.'

The colon also appears extremely liable to irritation and disease; and for instances of organic lesion therein, after death from protracted abdominal complaint, the author quotes the writings of Abernethy, Louis, Broussais, Blackall, Andral jun., and Howship. He is of opinion that pain at the pit of the stomach and in the sides is a very common symptom of derangement of the digestive organs, but by no means an indication of diseased or disordered liver; and says he has known several patients under such circumstances, who, after having grown worse for months while under treatment for liver complaint, have speedily recovered under the use of means calculated to restore the health of the alimentary tube.

' Under disorder of these organs, when that governing power is lost which, during health, prevents the matters they contain from acting chemically on each other, an acid is generated in the stomach and bowels, which, decomposing the bile, either throws down a green precipitate and produces green stools, or, uniting with its soda, occasions a precipitate which is thick, bitter, and viscid, and the stools have the appearance of pitch. It is usual to refer all such unhealthy discharges to morbid action of the liver; but the fact is, that they depend on chemical changes instituted in the stomach and intestines, in consequence of their energies being impaired by disorder. In some instances these evacuations appear to depend purely upon this decomposition of healthy bile; in others, upon such decomposition united with diseased secretion from the alimentary canal itself. In proof that bile does undergo such changes, it is known that the fæces of infants, although yellow when voided, frequently become green after some time, and the deep yellow urine of a jaundiced patient becomes green in a few hours. It is not easy to account for this change of colour, except on the supposition that an acid is generated by the reaction of the elements of which the bile consists. Besides, the intestinal juice in a healthy state has a brackish taste, and changes turnsol paper to a deep red, shewing that it possesses acid properties, which under disease are doubtless much increased, and contribute very materially to the production of the unhealthy discharges under consideration. That they are rather owing to an unhealthy condition of the mucous membrane of the bowels than to disordered action of the liver, is rendered probable by the mucous and bloody fluids with which they

are frequently mixed, by the morbid condition of the intestines displayed in such cases on dissection, and by the fact that they are often voided in so vast a quantity as to make it quite impossible that an organ of so inadequate a secreting surface as the liver should have supplied them."

After citing many authorities in support of these opinions, the author quotes a case from the *REPOSITORY* for 1823, in which, although the stools at one time resembled ink, and at another were light, purulent, and very offensive, the intestines were found, upon dissection, in a state of extreme disease, but the liver healthy. The copious frothy stools which look like yeast appear essentially connected with a morbid condition of the bowels. In a case recorded by Dr. Blackall, a patient voiding such stools was supposed to have liver complaint, and mercury was administered accordingly: but the individual died, and, on dissection, the liver was found to be natural both in size and structure, and the gall-bladder full of healthy bile; but the ileum, about two inches from its termination in the cœcum, was, to the extent of a crown piece, covered with spots of lymph, and there were two or three small ulcers. The whole of the inner membrane of the cœcum was destroyed by ulceration, and its other coats much thickened. Indeed, the fact that most of the cases of abdominal disorder, marked by copious stools of either black, yeasty, bloody, or any other discoloured matter, are essentially connected with a permanent excess of irritability in the intestines, wholly independent of the state of the liver, is borne out by the dissections of the many fatal examples on record. In most of these the liver has presented no traces of disease or inflammation; while organic lesions of the intestines, comprising either simple inflammation, thickening, or softening, of one or more of their coats, tubercles, or ulcerations, have been almost invariably present. Against the idea that such discoloured motions are derived principally from the bowels, it has been urged that the intestinal secretions are for the most part colourless, which, however true during a state of health, is an exceedingly thoughtless objection, if intended to apply under disease; for how commonly are the morbid secretions of other surfaces all different either in colour, smell, or consistence, from those which the same parts separate while their natural functions are undisturbed.

The opinion which has obtained in the Profession that mercury exercises a more immediate and efficient action on the liver than on any other secreting organ, is an error deducible from its very powerful influence over the acute bilious disorders of India, and from the striking change it often produces in discoloured and offensive motions: but if

it be true that such discharges proceed more commonly from the internal membrane of the bowels, it will follow that such changes in their nature afford no presumption in favour of the opinion just referred to. Indeed, it may naturally be questioned whether it be from its superior action on the liver that calomel derives its unequalled efficacy in those two scourges of the East, dysentery and cholera morbus; for both diseases, together with lientery and ordinary diarrhoea, are pointed out by their causes, symptoms, and *post mortem* appearances, as originally affections of the mucous membrane of the alimentary canal. The fact is, that mercury possesses in a higher degree than any other known medicine the power of changing the condition of action in the extreme vessels of the circulating system throughout: it is for this reason so important an instrument in the hands of the Physician in so many and apparently dissimilar complaints; and it is proved by experience to exercise no greater influence over the secreting vessels of the liver than it exerts over those of the intestines and mesentery.

There is reason to fear that, in conducting *post mortem* examinations, the state of the digestive tube has been very often either partially or wholly neglected. If the biliary organs have been found injured in structure, this appearance has been considered quite sufficient to account for every symptom that occurred during life, and the dissection, in consequence, has been hastily concluded. But, says Andral jun., 'It has frequently happened to me to find the mucous membrane inflamed, disorganised, and ulcerated, in portions of the intestines which, when seen and examined externally, has been regarded as healthy. An important error may therefore be committed if, as is sometimes done, we pretend to judge of the healthy or morbid condition of the intestine by the appearance of its external surface.' Of all our organs, the stomach is the one which longest resists positive disease, and will sustain for years considerable irritation and disorder without undergoing alteration in structure; while the liver, from its inferior vitality, possesses these powers in a much smaller degree, and will occasionally, on dissection, present appearances of disease, when there are no traces of it in the stomach and duodenum, and few and slight ones in the other abdominal viscera. In consequence, the relation which such appearances bear to each other as cause and effect is unperceived or reversed; and the organic injury of the liver, in direct opposition to the history of the case, which will almost always point out stomachic irritation as the primary malady, instead of being considered to result from long-continued derangement of the stomachic functions, is regarded as the

original and independent complaint. But let it not be supposed that such organic injury in the liver is of frequent occurrence; for it is indisputable that four out of five of those cases which are usually termed liver diseases are either examples of aggravated functional disorder of the stomach and bowels, or of disease in some part or parts of their course. Amongst the cases to which Mr. Abernethy refers at page 56 of his Essay, it was only *in some* cases that the liver was diseased; whereas such a condition occurred *in every* instance in the intestinal canal, and was there of great extent and severity. It is more than probable that Dr. Blackase's five cases\* were of this nature; it is certain that one of them was (and in this mercury was given under the idea that it was a case of liver disease), and we may conclude the same of the rest, from the exact similarity of their symptoms and termination. And Mr. Howship† relates five cases in which abdominal pain and uneasiness, anorexia, debility, emaciation, and frequent copious stools of bilious, dark, offensive matter, were the prominent symptoms. They are correct specimens of what are now very frequently considered liver complaints; but, on dissection, disease was ascertained to be confined to the bowels, the liver being unaffected.

Yellowness of the eyes, and a yellow or sallow hue of the complexion, as well as a sense of fluttering at the pit of the stomach, are often considered indicative of diseased liver; but the latter symptom is assuredly rather one of indigestion in the stomach and the bowels, and the former are frequently present during functional disorder of these organs only; for in many cases where they have occurred, dissection has failed to shew any trace of obstruction in the biliary organs, but has exhibited marks of great disorder in the intestines, with decisive appearances of the absorption of bile from their surface. Indeed, under such circumstances of derangement of the digestive functions, although the bile be secreted in a healthy state, the bowels do not appear to effect that change in it which takes place during health; and it would seem that they are, moreover, so affected as to absorb it from their surface, and thus receive it with the chyle into the mass of circulating blood.

We have occupied ourselves so long with that more important division of Dr. Graham's book which treats of the *nature* of these disorders, that we must dismiss very briefly that portion which speaks of their *treatment*. After earnestly

\* Vide page 83 of his work.

† Observations on Disorders of the Lower Bowels.



deprecating the injudicious employment of mercury, from the use of which so many ruined constitutions may date their origin, the author speaks in favourable terms of the influence which the tartrate of antimony exerts over the mucous membrane of the alimentary canal; but in treating those morbid affections of the digestive organs which centre in the stomach, there are two medicines which he considers of especial value. The former of these, the diluted nitric acid, he recommends as a tonic, alterative, and refrigerant; and says he has known it restore, within a week, the skin of dyspeptics from its dark sallow hue to a natural appearance. The latter, the caustic alkali of Brandish, instead of being applicable, like the acid, in those cases where heat is a troublesome feeling, is serviceable where coldness of the feet, chilliness of the surface, languor, fluttering at the pit of the stomach, and morbid acidity, are the prominent symptoms. But for the remainder of his observations, whether relative to medicine or diet, being such as present no novelty, we beg to refer to the work itself.

We have confined ourselves to the affording an impartial, uninterrupted exposition of the author's sentiments, and it only remains that we express the opinion remaining on our mind after the perusal of them. Although not fluently, nor elegantly, nor yet, at intervals, very clearly expressed, they are, nevertheless, sensible and judicious. He indulges, also, over much in quotation and reference to authority, as if his success in advocating them were to depend more upon the 'backing of his friends' than upon his own experience.\*

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\* The merits of this work appear to us to have been fairly stated by the reviewer, and without reference to the fact (which, perhaps, was not known to him,) that Dr. Graham is the author of a pamphlet on Epilepsy, containing an account of certain cures said to have been performed by a secret remedy, or nostrum, which he retails at a very high price. It is to be regretted that a member of our Profession, who appears to be respectably informed on medical subjects, should so far forget what is due to the medical character, and to himself, as to disgrace both by the production here alluded to.—J. C.

## III.

*Observations on the History and Treatment of the Ophthalmia accompanying the Secondary Forms of Lues Venerea; illustrated by Cases.* By THOMAS HEWSON, A.B., Member of the Royal College of Surgeons in Ireland; Professor of Materia Medica and Pharmacy to the College; and Surgeon to the Meath Hospital and County of Dublin Infirmary, &c. &c. &c. London, 1824. Pp. 117. 8vo.

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VENEREAL ophthalmia has recently attracted a good deal of attention. Until within the last few years, every thing respecting it was doubt and obscurity. Even Mr. Hunter, whose philosophical views very few phenomena connected with disease escaped, doubted the existence of venereal ophthalmia; but more modern pathology has not only proved its existence, but also its immediate seat. We perfectly agree with Mr. Hewson, that

‘ It is not a little remarkable, that an affection, frequent in its occurrence, singular in its symptoms, and in its progress productive of so much injury to important parts of the structure and the functions of the eye; deriving also its origin from a disease, every form and stage of which merit the closest investigation, should have remained so long almost unobserved, and so inaccurately described; but, as has often been remarked, it has been the fate of diseases of the eyes, though possibly forming one of the most useful and interesting parts of surgery, to have scarcely, at any time, engaged much of the attention of well-informed and well-educated Surgeons; and according as they have deserted this branch of their science, it has been taken up by persons destitute, in general, of professional education, and often unacquainted with the common principles of medical and surgical pathology.’

We are happy to find that this evil, of which Mr. H. so justly complains, is now approaching fast to an end. Diseases of the eyes have, of late years, attracted the attention of Surgeons of the first eminence in the Profession, which sufficiently accounts for the rapid progress that has lately taken place in the knowledge of their nature and treatment. We should at first expect that, when the attention of a Practitioner is directed to one particular branch only of surgery, he would carry that branch to a comparative degree of perfection; but we very seldom find this to be the case, and a philosophical consideration of the matter soon enables us to explain the reason why it is not, and why it never will be the case.

Improvements in surgery are made by those only who take a comprehensive view of disease, and who compare the diseases of one organ or tissue with those of others. This is not, however, the case with surgery alone, but with every other branch of science and of art.

Our author distinguishes the symptoms of venereal ophthalmia into two stages: 'in the first they are all of a temporary nature, and effectually curable; in the second they are, in a great degree, out of the reach of relief, and (they) more or less injure the structure and functions of the eye.' He describes the original symptoms in a very precise and accurate manner, a part of which description we shall lay before our readers.

'It (the first stage) usually begins with some uneasy sensation about the ball of the eye; sometimes these are so slight as not to be complained of: there is generally a flow of tears; the admission of light gives pain; and objects appear as if through a mist. Commonly, however, these symptoms at first engage so little of the attention of the patient, that he neglects applying for advice until urged to it by the increasing dimness in his sight. It is, therefore, unusual to meet a case in which the disease has not been of some duration, and made more or less progress.

'The patient keeps his eye half closed, and avoids as much as possible exposure to the light, which always excites pain and flow of tears; from the same cause the eye rolls, and is so unsteady, whilst an examination is making of it, that it is often difficult to get a satisfactory view of it.'

'There appears always more or less external inflammation; and if we attentively examine the enlarged vessels, we shall, in general, be able to distinguish two tissues of them; one superficial, which belongs to the conjunctiva; and the other more deep-seated, connected with the substance of the sclerotic: in colour they are sometimes of a florid, but oftener of a purple or venous hue.'

Mr. H. further remarks, that the aqueous humour becomes turbid so as to render vision imperfect; and that the opacity of this fluid is sometimes so great as to prevent a clear view of the iris and pupil, causing an appearance as if the cornea were opaque. This opacity he considers to be owing 'to lymph secreted by the vessels of the inflamed iris becoming mixed with the aqueous humour; but, in some instances, blood was found effused into the anterior chamber, so as nearly to fill it.

As the disease advances, the form of the pupil becomes changed. Sometimes it appears 'semilunar, at other times oval, triangular, and quadrilateral.' Now and then some part of it retains its natural form, in all stages, and this part is

sensible to the impression of light, and to the influence of the extract of belladonna, 'while the remaining portion is not affected by the same agents.'

In the second stage of the disease, Mr. H. remarks, that

'In addition to the preceding symptoms, we will have to notice an increased contraction of the pupil, and that it becomes more irregular, puckered, and inverted; and often a black fringe appears round its border, as if from a detachment of portions of the pigmentum nigrum. We will also generally see one or more angular points proceeding from it towards the capsule of the lens, and these mark where adhesions have formed between it and the capsule. For a greater or less extent round these attachments the latter membrane gradually grows opaque. The whole surface of the iris is often observed to become conical, and to diminish considerably the limits of the anterior chamber. About this time also, in a few instances, enlarged vessels may be distinguished ramifying superficially over it.'

From some previous observations, which we have at present no room for commenting upon, the author is led to infer, 'that the morbid action attendant on the venereal ophthalmia is not confined to the iris, as some have supposed, but that the choroid coat and retina are to a greater or less degree involved in it.'

Mr. H. then proceeds to speak of the constitutional symptoms co-existent with venereal ophthalmia; of its exciting causes; of its diagnosis; of ophthalmic symptoms caused by mercury; and of the prognosis. Respecting information on these points, we beg to refer the reader to the work itself, where he will find his trouble amply repaid in its perusal. We are sorry that space will not allow us to notice the author's remarks on these subjects, as they are founded upon facts of a very important nature; but we recommend this part of the work most strongly to the attention of our readers.

Mr. H. lastly speaks of the treatment of the venereal ophthalmia; where he observes, that

'It is not a little remarkable, that there are no symptoms of lues venerea, whether primary or secondary, or wherever situated, which yield with more facility or certainty to the constitutional use of mercury, than those which form our present subject,—a circumstance peculiarly fortunate, considering the delicate structure of the organ concerned, as well as the rapidity with which many of the most lasting effects of the disease are produced. We have, therefore, little more to do than consider the most active and efficient mode of bringing the patient under the influence of this medicine.'

For this purpose, calomel, combined with opium, is recommended in preference to any other preparation of mercury.

As the object is to bring the system suddenly under the influence of the remedy, this is decidedly the best form in which mercury can be given. Mr. H. recommends three grains of calomel, with half, or a quarter, of a grain of opium, to be given every night and morning till the system becomes affected; and should this not happen in six or eight days, he directs frictions with mercurial ointment to be used in addition to the pills, until ptyalism is fully established. But, as it is an important object to check the disease *quickly* where it attacks an organ so delicate in its texture as the eye is, we think that the pills might be repeated much oftener than every night and morning. We have it in our power, in most instances, to bring the system under the influence of mercury in less than eight-and-forty hours, by repeating the dose already mentioned every three, four, or six hours. The calomel very seldom runs off by the bowels when combined with opium, and there is no fear, when proper attention is paid to the patient, of the ptyalism running too far; for, as soon as the disease is checked, or the gums become affected, the dose of the medicine may be considerably reduced.

Mr. H. observes, that 'the patient may be saved the inconvenience of blood-letting or blistering, as they do not afford the smallest benefit, nor will they allay a single distressing symptom.' The same inutility attends the application of collyria to the eye. 'When all morbid action has been removed from the eye, and its functions have been restored as far as its state will admit of, we are not to stop here in the exhibition of mercury, but must persevere in its use as long as we have any suspicion of the existence of a venereal taint; for it should be kept in view, that the quantity required for the relief of the ophthalmia falls far short of what is necessary for the complete eradication of the disease from the system.'

Mr. H. gives the history of a great many cases to illustrate his remarks on the different stages and treatment of the disease. We have noticed some of the principal points contained in the work; but we once more beg leave strongly to recommend the volume itself to the perusal of our readers, as we are satisfied that they will be well recompensed for their time and trouble.

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## PART III.

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### ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND  
SURGICAL SCIENCE AND LITERATURE.

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#### I.

*Tableau des Maladies observées à la Charité, dans les Salles de Clinique de M. le Professeur Cayol, pendant le deuxième trimestre de 1824. Par M. BAYLE.*

*Report of the Diseases observed at la Charité, in the Clinical Wards of M. Professor Cayol, during the second quarter of 1824. By M. BAYLE.*

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BEFORE entering into a review of the diseases admitted into the hospital during the second quarter of the year, M. Bayle gives some account of the more important cases remaining in the clinical wards at the commencement of the period to which his report refers. The total number of these cases was twenty-nine, but few of them possessed much interest. One case deserves, however, particular notice, on account of the very remarkable course it pursued, and because its early progress has been already noticed by us,\* in our review of MM. Laennec's report. The patient, a young man, eighteen years of age, was admitted for slight articular rheumatism, which disappeared after a few days' treatment with the tartar emetic solution, to the extent of six grains in the twenty-four hours. On the fifth day of the convalescence slight pleuro-pneumony supervened, and, at the same time, very strong action of the heart, but without any unusual sound, which induced M. Laennec to conclude that there existed hypertrophy of this organ, which was not detected until then. Two bleedings were successively prescribed, with the application of leeches, and the use of the white oxide of antimony to the extent of thirty-six grains daily. The pleuro-pneumony was removed; but the usual symptoms of enlargement of the heart became developed, and more and more marked. Subsequently the contractions of the heart became tumultuous, at the same time that a dull pain was felt in the precordial region, and the sound of this region from percussion was obscure and nearly *mat*—signs announcing the existence of pericarditis. The patient afterwards presented a well-marked breathing sound in all the large arteries, and was subsequently attacked with furious delirium, which ceased in the course of five or six days, after the employment of sinapisms

\* See LONDON MEDICAL REPOSITORY for September 1824, p. 247.



to the feet, and cold applications to the head. The delirium was succeeded by extreme feebleness of the intellectual faculties. The patient remained in this state of imbecility for nearly a month, with this remarkable circumstance, that the contractions of the heart, and the breathing sound of the large arteries, were diminished whenever any agitation supervened, and *vice versâ*. He had also a diarrhoea occasionally; and the debility and emaciation were extreme. Professor Cayol prescribed, according to the indications at the time, laurel-water, different preparations of opium, sinapisms on nearly all the joints, but particularly on these which were primarily affected, blisters on the nape of the neck, &c. After nearly six months' stay in the hospital, the patient at length recovered his faculties, and the action of the heart resumed its natural standard.

We consider this case very instructive, and concur with Professor Cayol in regarding it as an instance of rheumatism which, having been deranged in its course, had successively attacked the synovial membranes of the joints, the pleura, the pericardium, and the membranes of the encephalon. We find many similar instances on record, and most Practitioners of experience and observation must have occasionally met with them in practice. We have seen so many analogous cases to the one now cited, that we should never venture to employ measures calculated to repress suddenly the rheumatic disease but with the utmost caution.

One of the cases under consideration was affected with organic disease of the heart, and died of the complaint. It is remarkable that the patient had lost two brothers and a sister from the same disease. In this case hypertrophy of the heart, with dilatation of its cavities, was readily recognised by the violent impulsion of its contractions, and the anasarca and dyspnœa which were present. The patient was relieved for a time by the employment of blood-lettings, diuretics, and laxatives. Hæmoptysis supervened, which hastened the fatal termination. On *dissection*, the heart was found much enlarged; both its ventricles were dilated, and their parietes thicker than natural. The right lobe of the lungs was engorged with extravasated blood, explaining the hæmoptysis, and shewing that death had been induced by pulmonary apoplexy.

We shall pass over the other cases and dissections belonging to those which M. Cayol found in the clinical wards when he resumed his superintendence; for although they are, upon the whole, interesting in detail, they would not appear sufficiently so in an abridged form. We therefore proceed to review the account which M. Bayle gives of the diseases admitted into these wards, from the 11th of April until the 31st of July. The number of cases treated during this period amounts to 182. The details are given in the subjoined table.\*

#### \* ACUTE DISEASES.

Continued inflammatory fevers..	37	Continued ataxic fever .....	1
———— bilious fevers .....	5	Intermittent fevers.....	9
———— adynamic fever .....	1	Malignant remittent fever .....	1

ACUTE DISEASES.—The *continued inflammatory fevers* seemed not to derive their origin from any very appreciable cause. ‘The patients (who were all labourers) were generally attacked, more or less suddenly, with rigors, lassitude, cephalalgia, &c.: some of them continued to work for several days, being in a state of general uneasiness and somnolency. Others experienced, at first, complete loss of appetite, and of sensibility at the epigastrium.’ To these symptoms of the invasion of fever succeeded those denoting reaction or the stage of excitement. In this stage, cephalalgia was the prominent symptom in the greater number of cases; in some, however, signs of pulmonary congestion were present from the commencement, and even catarrh more or less intense. But it was remarked, that the patients who had not resorted to excitants at the invasion of the disease were generally free from the symptoms of gastric or intestinal irritation. In from eight to ten cases the cerebral symptoms were very intense, as stupor, delirium, &c. In one of these there was also pulmonary catarrh, requiring several cuppings on the sides of the thorax.

Of the cases of fever enumerated in the list, only two seem to have terminated fatally. These two are mentioned as having been cases of *adynamic* and *ataxic* fever, in relation to the nature of the symptoms predominating in their course. The *first* of these two occurred in an individual enfeebled by fatigue, by continued chagrin and disappointments, and by deficient nourishment. ‘The fever

Arachnitis .....	1	Pleurodynia .....	2
Scarlatina .....	4	Metritis .....	5
Variola .....	3	Acute peritonitis .....	4
Anomalous eruption .....	1	Neuralgic abdominal affection ..	1
Erysipelas .....	3	Delirium from drunkenness ....	1
Peripneumony, Pleurisy, and } 10		Blennorrhagia .....	1
Pleuro-pneumony .....		Menorrhagia .....	3
Acute pulmonary catarrh .....	5	Slight indeterminate affections ..	3
Angina .....	3		
Ophthalmia .....	2		
Acute rheumatism.....	5		
		Total.....	111

CHRONIC DISEASES.

Amaurosis .....	2	Chronic peritonitis .....	1
Chronic cerebral affections ....	3	Pyrosis with cerebral affection ..	1
Hemiplegia .....	2	Chronic rheumatism .....	5
Paraplegia .....	1	Leucorrhœa .....	1
Pulmonary consumption .....	17	Stercoral fistula .....	1
Chronic pulmonary catarrh ....	6	Sciatic neuralgia .....	1
hepatitis .....	2	Scrofulous erysipelas .....	1
Hepatic colic .....	1	Cancer of the rectum.....	1
Chronic gastritis.....	3	Zona .....	1
Diseases of the heart .....	4	Tænia .....	1
Hypochondriasis .....	2	Scirrhus of the pylorus .....	1
Colica pictonum .....	3	Various .....	3
Icterus .....	2		
Hysteria .....	2		
Uterine tumour .....	2		
		Total .....	71

was preceded by rheumatism, which affected, at first, the right hepatic region and the margins of the ribs, with cough, pain on touching these parts, a yellowish tinge of the countenance, and violent cephalalgia.' Leeches were applied to the anus, and emollient and aperient draughts prescribed. On the fourth day the pain of the hypochondrium disappeared, and was replaced by a painful swelling of the left shoulder. Nausea, vomiting, and diarrhoea supervened on the fifth day, and delirium towards night. The pulse was small and feeble. 'On the sixth day the diarrhoea increased, and the pain of the shoulder suddenly vanished: the countenance was collapsed; the mouth surrounded by an abundant mucosity; the eyes purulent; a tainted odour proceeded from the patient, who lay in the supine posture, in a state of prostration so great that he could not articulate. (*Mucilaginous draughts, with the extract of cinchona, and tincture of rhubarb. A sinapism to the left shoulder.*)

'On the following day the painful swelling of the shoulder returned, and attacked also the right elbow and wrist. The diarrhoea had disappeared; and the cerebral symptoms were improved. The countenance reassumed some expression, and the exhaustion was less. This amelioration did not continue long, and all the bad symptoms, excepting the diarrhoea, returned with the disappearance of the pain and swelling of the left shoulder. Thrice, in the course of this disease, was this metastasis of the rheumatismal affection observed, and each time tonics internally (*draughts with ext. of cinch., boluses of camphor and nitre, nourishing broths, every half hour,*) and rubefacient cataplasms on the joints, were resorted to.

'On the twelfth day the head was perfectly clear; but the muscular power was depressed to the utmost degree:—face pale, lead-coloured, and cadaverous; eyes purulent, ichorous, and as if swimming in an ichorous pus—a circumstance the more remarkable, as the patient had no previous redness nor swelling of the conjunctiva, nor complained of his eyes before the fever; respiration slow, and the respired air cold—it afterwards became stertorous. The patient died on the sixteenth day from the invasion of the fever, having preserved, from the twelfth day, his intellectual faculties.

*Dissection.*—'The articulations of the left shoulder and right elbow were filled with a greyish, ichorous pus, similar to that which flowed so copiously from the eyes of the patient during the latter days of the disease. This pus was effused both within and without the synovial capsules; and whether in the interstices of the articular ligaments, or between the tendons and muscles of these situations, it was of the same nature. The different parts which were infiltrated with this pus presented neither redness nor thickening: the synovial membranes preserved their natural whiteness, tenacity, and transparency. The mucous surface of the stomach and intestines offered, here and there, a few reddish or rose-coloured spots (such as are frequently observed in subjects which have experienced some slight derangement of the digestive functions), without any alteration of

its structure. The liver seemed perfectly sound. The lungs were slightly gorged with blood in their most depending parts, but were every where sound and crepitant. The examination of the encephalic cavity presented nothing remarkable.'

This case is important and interesting: it fully confirms views which we have long entertained respecting the nature of the appearances observed in the dissection of fatal cases of malignant puerperal fever. In the majority of these cases an ichorous pus is found, covering all the abdominal viscera, and even some of the thoracic organs; yet, on removing this secretion, the membranes underneath, although they present, in some cases, a considerable degree of congestion from the relaxation of their vessels, are not inflamed, nor do they offer the appearances which are truly inflammatory. It seems to us as if the state of the frame induced by the attack of the disease, together with an increased determination to particular parts, without any previous condition of acute action of the capillaries of these parts, were sufficient at once to give rise to a sero-purulent or a muco-purulent secretion, or to the discharge of an ichorous pus from serous or other membranes, according to the particular modification of the diseased state, and other circumstances operating during the invasion and course of the disease.

'The case of fever which we called *ataxic*,' M. Bayle proceeds to state, 'occurred in a very nervous female, who had suffered, at many periods, hysterical fits. She entered the clinical wards in the following state: face altered; eyes wide and watery; intellects not affected; spasmodic movements of the limbs; trembling of the lips; tongue reddened a little at the margins; belly somewhat distended, and pained on pressure; diarrhoea; pulse small, and extremely frequent; extreme dejection and faintness. Leeches to the anus and on the belly, mucilaginous tisans, and anodyne potions, were successively prescribed.'

These were certainly not indicated by the symptoms here detailed; but the gastro-intestinal mania of our Parisian friends has not yet subsided. When it does, then shall we hope that an opposite treatment may be adopted in cases like the present.

'Towards the fifteenth or sixteenth day, the countenance became Hippocratic, the pulse very feeble, and the right hip hard and livid. On the following day the pulse was scarcely perceptible, the hip was evidently gangrenous, and the feebleness was extreme. The patient died the same evening.

'*Dissection.*—Twenty-four hours after the period of death, although the weather was not warm, the body was in a state of putrefaction, and enormously distended by the gas disengaged from the tissues. The thoracic and cephalic organs were sound. The mucous membrane of the stomach was also sound; but that of the small intestines presented a number of small greyish ulcerations, between which the membrane preserved its natural colour and consistence. There was an enormous phlyctena, filled with a brownish serosity, on the right hip: the tissues of this part were brown, and exhaled an excessively foetid odour.

‘ On considering the history of this case, and the nature of the lesions observed after death, M. Cayol did not see in the ulcerations of mucous surface of the small intestines the characters of inflammation, but those of an exantheme depending on the same cause as the spontaneous gangrene of the hip. This observation may be doubted by some; but the following case, which occurred at the moment of writing this (24th August), serves to shew its accuracy.

‘ A female, about fifty years of age, worn out by disappointments, was, on the twenty-first day of a severe continued fever, brought to the hospital in an almost moribund state. The vesicatories and sinapisms, with which she had been nearly covered, attested the activity of the practice which had been pursued. It could also be perceived, from the marks of the bites with which the abdomen was studded, that leeches had not been spared. She presented the following symptoms:—complete prostration of strength; supine position; face pale, cadaverous; eyes dull; tongue dry, and, with the lips and teeth, covered with a fuliginous coating; respiration slow, profound, and cold; pulse small, very feeble, and very frequent; abdomen slightly distended with air, without any pain on pressure; slight diarrhoea; occasionally a tranquil delirium, or somnolency with reverie. (*Acidulated decoction of cinchona; twelve grains of musk, in three doses, in the course of the day.*)

‘ On the following day the patient's strength seemed to rally a little; the respiration and pulse were improved.’ ‘ She lived six days after this, without presenting any other symptom than those already mentioned.

‘ Ten hours after death took place the body was not recognisable, so much was its volume increased by the formation of gas, which escaped, with a noise, not only from the splanchnic cavities, but also from the cellular substance and the flesh, as the scalpel divided them. There were livid blotches and phlyctænæ seated in the sides of the trunk, and on the lower limbs. The encephalon and thoracic organs were sound. The stomach and intestines were filled with gas: their mucous membrane was pale and thin, and, after an accurate examination, this membrane presented no alteration in its whole extent.’

This case, with many others which may be adduced from other writers, and from the practice of every experienced Practitioner, throws considerable light on the nature of fever, particularly with relation to its idiopathic or essential character. It proves unequivocally, that the whole group of symptoms to which the name of adynamic fever has been given may exist without any visible organic lesion, and especially without those lesions which have been assigned as the cause, not only of this particular type and form of fever, but of other fevers.

(*To be concluded in our next Number.*)

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## II.

*Sur les différens Degrés de Résistance Vitale dans les Maladies, déduites des Rapports des Lésions Organiques avec leurs Effets.*  
Par L. MARTINET, D.M., &c.

*Of the different Degrees of Vital Resistance in Diseases, deduced from the Relation of Organic Lesions with their Effects.* By  
M. L. MARTINET.

To the term '*vital resistance*,' M. Martinet appears to attach nearly the same meaning as the older pathologists did to the term *vis medicatrix naturæ*, or as Brown applied to the word *excitability*. Of the three, however, we prefer the one employed by M. Martinet; for we know it to be one of the chief properties of life, that it opposes those changes to which the elements of the animal textures are chemically prone, and is always ready to exert its own influence, and to control the combinations which animal matter is continually undergoing. It is obvious, that when its influence is energetic, then will it more completely perform this office, and more quickly arrest or resist those changes, which various causes, to which animal bodies are subject, are continually inducing in the elements or particles of matter with which this principle is associated; and that, when its power is languid or exhausted, the textures will be more sensibly affected by external agencies, those changes will take place more rapidly, and the union existing between them and the principle which actuates them will be more loosely held together, and sooner dissolved, than when its energy was more considerable, its control more decided, and its functions more perfectly performed.

The increasing ardour with which pathological anatomy is now cultivated should not take off our attention from the condition of the vital influence itself, as displayed in the derangement of function only. We should consider, that the organic changes, which are observed in *post mortem* research, are but seldom the causes of disease, viewing them in their more intimate relations; that they cannot, from a philosophical generalisation of our observations of those changes, account for many of the deaths which are taking place around us; and that they cannot explain why the controlling influence which is associated in our frames should first become languid, and afterwards disorder, with more or less turbulence, the functions of many, or of all our organs, and finally take leave of its tenement, without leaving, in many instances, sufficient reason to account for its departure, and in others, after having produced changes which are matters of astonishment, that it did not depart sooner. We should consider, that morbid structure is only the effect of changes induced first in the vital relations of the textures in which it is seated, or in other textures with which the former intimately sympathise; that if the primary changes produced in the



vital relations of the organs or textures be more or less diffused throughout the system, or if the changes of the vital relations, in the parts to which these changes are extended, be more or less important, so will the tendency to a fatal termination be more or less rapid, if not arrested or controlled by some influence. It is evident, that when the changes induced in the vital relations of one or more organs, or of the system generally, are great, or very suddenly produced, the operations of the animal system will be arrested before effects can be brought about in the organs, such as we perceive to be the consequences of slighter, and therefore more slowly operating, derangements of the natural relations existing between the textures and the principle which actuates them — before the vital condition of the part shall have changed the state of its vessels, or modified the natural processes of its secretions and nutrition.

We shall pass over M. Martinet's introductory reflections on the subject which it is his wish to illustrate. We consider his cases valuable, in the character merely of fully detailed facts: but his observations respecting them are neither borne out by the cases themselves, nor by an enlightened view of the animal economy. We therefore proceed to quote his cases; and whatever remarks we may offer shall be founded on the details which he has furnished, and from our own experience of similar cases.

‘ CASE I. *Thirty-two years of age: Colicky Pains; Looseness; Vomitings; Anxiety; — treated by Narcotics and Iced Drinks; — Death on the second day. Enteritis.*

‘ Tellier, aged thirty-two years, a tiler, large, robust, brown complexion, usually enjoying good health, had, fourteen days since, a looseness, which continued 24 hours, and ceased without treatment. The patient, who had not experienced any ailment since that period, was seized, during the night of the 5th or 6th of March, 1824, with violent colics, accompanied with looseness, which obliged him to get up five or six times. Although feeble and fatigued, he went abroad on the 6th; but, feeling too weak to work fasting, he drank, about seven o'clock in the morning, a small quantity of brandy. He had scarcely swallowed it, when he became faint: soon afterwards, several stools and repeated retchings supervened, and continued all the day and the night of the 6th. The matters ejected, both by stool and by vomiting, were liquid and colourless. The evacuations were accompanied with acute pains in the abdomen, and with much anxiety and agitation. The patient took lemonade; and the evacuations became somewhat less frequent during the night.

‘ On the 7th, the stools ceased in the morning, a few minutes before his entrance into the *Hôtel-Dieu*. The retchings became also more rare; but the matters ejected assumed a greenish colour, which they did not formerly possess. On his admission into the hospital, his debility was extreme: he lay on his back, but frequently changed the position of his head. His eyes were fixed; his

face was pale, and bore the impression of a profound alteration; his voice was very feeble; and he answered questions with much difficulty. He had never felt pain about the throat and fauces; but pressure upon the epigastrium excited pain enough to occasion contraction of the muscles of the face. He complained of thirst and frequent eructations. He vomited every quarter of an hour, without any effort, a greenish liquid. His mouth was moist; his tongue large, soft, and covered by a greyish coating, mixed with green in several points; abdomen hard and sunk; no motions; pulse could not be felt at the wrist; the stethoscope conveyed distinctly the pulsations of the heart, which were 80 in a minute; skin dry; heat natural on the trunk; the extremities cold, and violet-coloured. *Sinapisms to the limbs: julep, with forty drops of laudanum; cold water for drink.* The vomitings ceased in the evening; but he was not otherwise better.

‘ 8th. — He neither had stools nor vomitings since last report: the other symptoms connected with the organs of digestion were not changed. In other respects, the state of the patient was the worst possible: he could not answer questions; his respiration was attended with frequent sighs and with plaintive moans. His pulse was scarcely sensible, thready, regular, and not frequent. — *Iced water; ice on the epigastrium during ten minutes; sinapisms to the limbs; an etherial draught at two o’clock.*

‘ He died at ten o’clock at night — forty-eight hours after the invasion of the colic and looseness.

‘ *Dissection, thirty-six hours after death.* — The integuments of the anterior parietes of the abdomen were of a greenish tint. The vessels of the meninges of the brain were very slightly injected. The cerebral substance was of a natural colour and consistence; as were also the cerebellum and annular protuberance. — The lungs were sound and crepitant throughout. The large bronchial conduits contained a greyish spumous fluid. The heart was natural, and the large vessels were healthy. — The stomach was not sensibly dilated; it was pale externally; the splenic portion of its internal surface was of a greyish colour; its pyloric extremity was of a yellow colour, owing to the presence of bile, which ablution removed; the mucous surface underneath presented a very slight rosaceous injection, without thickening, or any other alteration of its tissue. The duodenum was empty, and its mucous surface of a greyish colour. The upper part of the small intestine was natural; its middle portion, to the extent of about two feet, was of a violet colour exteriorly. The mucous membrane corresponding to this part presented a red colour, especially the valvulae conniventes, which resembled muscular fasciculi injected with blood. The caecal extremity of the ilium was contracted in the extent of a foot, and offered a slate colour externally. The corresponding part of the mucous surface was of a lively red, and strewed, here and there, with small whitish spots, which seemed formed of pus infiltrated in the sub-mucous tissue. The coats of the large intestines seemed

not to be diseased. The liver was healthy. The gall-bladder contained about two ounces of a thick, viscid, and greenish bile.'

The treatment in this case seems not adapted to the state of the system, as detailed by M. Martinet. For what purpose was iced water given internally, and ice placed upon the epigastrium, when the vital energies were rapidly sinking? Such means were calculated to sink them still lower, and to extinguish them altogether, particularly when thus applied. The character of the countenance, and of the vomitings, and the great depression of the vital energies existing at the time of the patient's admission into the hospital, evidently required the exhibition of stimulating and restorative remedies both internally and externally.

' CASE II. *Sixteen years of age: severe Cephalalgia; the Intellectual Faculties unimpaired: no Fever: Symptoms of Disordered Digestion: sudden Death. — A Sound State of all the Organs.*

' A girl, sixteen years of age, had experienced during fourteen days severe cephalalgia. She entered the *Hôtel-Dieu* on the 16th December, 1823; and, when examined on the 17th, was found in the following state:—The intellectual faculties were in their natural condition: severe cephalalgia limited to the crown of the head and forehead: tongue moist, nowhere red, but white at its base: abdomen insensible to pressure, and not hot; chest sounding well: respiration easy and free, and extending into the different regions of the thorax: no fever: pulse natural: position in bed was across it:—with the exception of this last symptom, which was ascribed to some caprice of the girl, who did not answer when spoken to, she might not have been regarded as being ill. M. Récamier prescribed for her an aperient of one grain of tartar emetic and two drams of sulphate of magnesia, and pediluvia with mustard-seed.

' 18th. — The same state: no fever: cephalalgia still severe. — *Fifteen leeches behind the ears: pediluvia with mustard-seed: lemonade.*

' 19th. — The epigastrium slightly sensible to pressure: the countenance expressive of stupor: the pulse a little more frequent and tolerably developed, nevertheless the cephalalgia is not increased: the tongue is moist and whitish. — *Veal broth: a draught with an ounce of castor-oil: an enema.*

' This girl suddenly died in the evening, after a few hours of fever.

' *Inspection of the body, forty-four hours after the period of dissolution.* — The body was in a state of marked *embonpoint*. The arachnoid membrane was transparent throughout, and without the least thickening. The pia mater neither presented any injection nor any congestion. The serous surface of the ventricles was healthy, and contained only a few drops of serosity. The brain, cerebellum, and annular protuberance, divided in every direction, offered no trace of softening or congestion: all these parts, on the contrary, were regarded as the type of a sound state. The lungs were natural and crepitant: the bronchiæ were sound. The heart

and large vessels were of a healthy texture and colour: their internal surfaces and their parietes were perfectly natural, and their orifices free. The pericardium and pleura contained no serosity. The stomach was contracted and empty: its wrinkles were prominent. The mucous surface of the stomach was neither injected, nor thickened, nor reddened: that of the duodenum was in a similar state. The ilium presented a few reddish points, but these were very few in number. The large intestines, the spleen, the liver, the mesenteric glands, and the uterus and its appendages, were all perfectly sound.'

The position of this patient in the bed was diagnostic of great exhaustion of the vital energies, and indicated — more especially as no symptom was present to oppose the indication — a stimulating and antispasmodic plan of treatment. The cephalalgia seemed to be what is usually called nervous. The tartar emetic was improper in this state of the system.

'CASE III. *Slight Abdominal Pain, with Looseness: Convalescence: sudden Death, after anxiety of half an hour's duration.— A citrine-coloured Serosity in the Peritoneum: a Sound State of all the Viscera.*

'A man, thirty-eight years of age, entered the *Hôtel-Dieu*, in the course of January 1824. He complained only of slight pain in the loins and of a little diarrhœa. Enemas and an emollient drink were prescribed. In the course of a few days, the pains, which were never accompanied with fever, disappeared. The patient began to take his food, and was regarded as convalescent, when one day, about four o'clock of the afternoon, at the visit of the *Interne*, he complained of having experienced, since morning, much uneasiness, and of having entirely lost his appetite. The pulse and the organs of respiration were in their natural state: nothing, therefore, was ordered for him. But ten minutes afterwards, the patient agitated himself from one side to the other, and was distressed with great anxiety. He complained that his abdomen was hard and swollen, although it was soft, and of its ordinary size: in other respects, his intelligence was unimpaired. He complained also of difficulty of respiration, and yet his chest, when struck, sounded as in health: the respiratory sound was likewise heard throughout the thorax, by means of the stethoscope, and was without any unnatural noise: nothing indicated any obstacle to the current of air. His face became more and more altered: the pulse acquired frequency, but preserved its regularity and its accustomed development. He felt inclination to retch. He drank with avidity, and without vomiting. Tolerably severe cough, accompanied with the expectoration of five or six ounces of a whitish liquid, mixed with bloody striæ, supervened. This appeared to relieve him. He rose in order to repair to the bed-stool, and, not being relieved, returned to bed without assistance: finally, twenty-five minutes after the invasion of the first of these symptoms, and whilst sinapisms were being applied to his extremities, he breathed his last.

*Dissection.*—The brain and its membranes were examined with much care, but they offered not any trace of congestion, no redness, nor any sensible alteration. The lungs were perfectly sound and crepitant. A citrine-coloured and transparent serosity, without any trace of albuminous flocculi, occupied each cavity of the pleura; it was not more than half a glassful in each side; the pericardium contained a few small spoonful: it was in its natural state, as also were the heart and the aorta. The peritoneum presented no sign of former phlegmasia; but it contained more than a pint of serum similar to that found in the thorax. The digestive canal, throughout its whole extent, was perfectly colourless; its mucous surface was pale. The liver, gall-bladder, the spleen, the kidneys, and the urinary bladder, offered nothing particular. There existed neither rupture, nor effusion, nor any other alteration but the small serous effusion already mentioned.\*

[We shall conclude this article in our next Number.]

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## PART IV.

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### MONTHLY COLLECTION

OF

### MEDICAL FACTS AND OBSERVATIONS.

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#### PATHOLOGY.

*Of Mental Alienation; with Fifty Cases in which the Brain was examined after Death.* By M. NEUMANN, Counsellor Royal of Medicine to the King of Prussia, and Physician to the Hospital of Charity, Berlin.

NOBODY, since Herophilus and Eristratus, doubts that the encephalon is the organ of the perceptions; but no one has yet demonstrated what passes in the brain at the moment when a person conceives any certain idea. We know not even whether a *material* movement takes place in this organ whilst we entertain a sentiment, investigate a proposition, or originate an act of volition. The organic condition of the faculty of making representations to itself or entertaining ideas, is an action of the encephalon: all the world knows this, but it knows absolutely nothing respecting the nature and particular form of this action. To think is not to form; and no act of the organic life, no new condition of a living production, is necessarily united with a change of the nervous energy or form. The brain sees by means of the eye, hears by the ear; but neither in the one nor in the other does it operate simultaneously with the perception a change or formation perceptible to the senses. The impulsion

\* Revue Médicale, Octobre 1824.

emanating from the encephalon moves the muscles, but neither in the former nor in the latter does volition leave behind it a durable trace of its passage. It is even still less possible to trace in the brain what sources of recollection, what force of association of ideas, what treasures of science it may have possessed during life: the organ of thought of a Schiller is that of a Peschraeh, presenting absolutely the same forms.

The encephalon of man has not even an uniformly decisive superiority over all the mammiferous animals: that of the mouse, for example, is, relatively to the rest of its body, as great as his: and, amongst the feathered tribes, there are some whose encephalon is larger in proportion than our own. There is not even a single small organ to distinguish the encephalic mass of the human subject from that of the ape: all the difference consists in the different relation and degrees of the development of some of the encephalic parts. We are still less permitted to infer that a sound brain can alone give rise to sound perceptions, and that a diseased brain can only originate morbid ideas. For we see the greatest structural derangement of the brain, such as steatomatous tumours, suppurations and abscesses, mechanical lesions, deformations of the cranial cavity, &c. without the faculty of the representations being deranged by them. However, if the perceptions or representations be morbid, it does not necessarily follow that the cause resides in the organ; for the disorder will not injure the intellectual energy, but rather the body to which it is attached. It is thus we ought to consider the subject, and it was with this opinion that the following dissections were prosecuted:—

*Case 1.*—A. W., watchmaker, thirty-five years of age, had been affected for three months with violent mania, the origin of which is unknown to us. He was cheerful, indulged in composing rhymes, associated the most bizarre and crude ideas with admirable promptitude, sung and whistled constantly, seldom slept, recited sometimes long tirades of French poetry, chiefly from Racine, although he scarcely knew any of the language, and was never in France; in his boyhood only had he received some lessons of French. The patient was attacked with tubercular consumption whilst in this state, of which he died two months after his admission into the hospital.

The cranium presented nothing particular: the encephalon filled completely the cranial cavity. The meninges were sound. The structure of the cortical and medullary parts of the brain was healthy. The fourth ventricle contained much colourless fluid; and when the body was inclined, a considerable quantity of serosity proceeded from the spinal cavity. Both the lungs were full of tubercles—some were in a state of suppuration. The heart and abdominal viscera were natural.

*Case 2.*—Chr. R., a manufacturer, aged fifty-one, was seized with apoplexy in April 1819, without paralysis of the limbs, but with loss of memory, of judgment, and of speech. A second attack of apoplexy terminated his life in June.



The cranium was natural. About an ounce of blood was affused on the two hemispheres, between the dura mater and arachnoid. White gelatiniform exudations between the arachnoid and pia mater. The vessels of the pia mater somewhat gorged with blood. Both the lateral ventricles contained much serosity. As the brain was intimately connected with its membranes, in the situation of the petrous portion of the right temporal bone, and as the dura mater adhered more intimately at this part, a closer inspection was directed to it. We found the whole of the osseous part of the organ of hearing carious, but only in a moderate degree. Pus had made its way through the fissure of Glaser, and into the tempero-maxillary articulation, the capsular ligament of which it had destroyed.

*Case 3.*—J. W., aged forty, a labourer, formerly addicted to the use of spirits, was admitted, in a state of violent frenzy. He died five weeks afterwards, in a state of stupor, which was preceded by symptoms of apoplexy but slightly marked. The first appearance of the disease was during a violent fit of passion, whilst in a state of inebriety.

The cranium was regularly formed, but thick. Several adhesions existed between the dura mater and the arachnoid, which was thickened. Under the latter membrane the convolutions were covered, here and there, by abundant exudations of lymph. The lateral ventricles were full of serum, and the encephalon everywhere devoid of blood.

*Case 4.*—J. N., an Hungarian, aged sixty, and an old soldier, had been in the hospital for lunatics for twenty-one years. He had long been one of the class of incurables, who performed quietly the task imposed on them, were troublesome occasionally, but generally in good humour, enjoying their disordered conceptions and tales. They have been improperly considered as forming a class distinct from lunatics: they are, however, always completely deprived of reason; that is, they are truly maniacs, although the relation of the faculties of *representation* with each other is not more deranged in them than it is at the commencement of every case of mania. They are, consequently, like animals, with the exception of the form and speech; and those of their intellectual faculties which are correspondent to the *representative* faculty of animals are executed without derangement.

In this case the cranium was everywhere much thickened, but chiefly behind, where the bone was nine lines in thickness. In the course of the sagittal suture, at the side of the falx cerebri, between the arachnoid and dura mater, existed isolated points, formed of a white cretaceous substance. The cerebral vessels were empty, and all the ventricles full of serum. The consistence of the encephalic mass seemed to be greater than natural.

*Case 5.*—D. S., a baker, aged thirty-one, was admitted in the following state:—Muscular movements regular; visage much lengthened; stammering; intellectual faculties all much enfeebled—a state of symptomatic idiotism. He died six months after his recep-

tion into the hospital, in a state of general paralysis, the consequence of several attacks of apoplexy.

The encephalic vessels only were found gorged with blood, the surface of the brain covered, here and there, with exudations of lymph, chiefly in the vicinity of the falx cerebri. A considerable quantity of sanguineous serum was in the left lateral ventricle.

*Case 6.*—A female, aged twenty-nine, died of hectic fever, after an illness of thirteen months' duration. A violent moral affection had thrown this woman, who possessed a highly cultivated mind, into a state of stupor, which terminated in the extreme degree of idiotism.

The cranium was thickened; the encephalon flabby. The cranial cavity was not entirely filled by the encephalic mass. The convolutions of the cerebellum extremely small — nothing otherwise remarkable.

*Case 7.*—C. B., a carpenter, aged fifty, admitted without information of the origin or duration of his disease. He spoke seldom, and then only a few words, which had some relation to the questions put to him. His air was sombre, his brow contracted, his look downcast; and he refused to eat unless when forced. He died, in the course of three months, of hectic fever.

There was not the least irregularity in the form of the cranium and encephalon, nor in any of its parts; and still less in its meninges. The cerebral vessels were devoid of blood, the lateral ventricles quite empty. A number of the mesenteric glands were hardened and enlarged. The stomach, which was very small, presented a bluish and reddish colour in its internal surface: the pylorus was almost entirely obliterated.

*Case 8.*—J. H., Surgeon, aged twenty-eight, had been affected by a sombre and profound melancholy, into which he had fallen in consequence of humiliations which had followed ill-founded pretensions. He cut his throat, and died three days afterwards.

The cranial cavity natural; the adhesion of the dura mater to the bone being only more intimate than usual. The pleura full of water; the lungs tuberculous, in some parts. The intestines contracted into a narrow space, particularly the small intestine: the liver much darker, and of a bluer colour than ordinary.

*Case 9.*—A female, aged forty-three, of a nervous temperament and extremely susceptible, was subject to hysteria, after thirteen accouchements, and much disappointment. She was treated by blood-letting: the disease increased, and was attended with a burning sensation in the abdomen, and extreme anxiety: symptoms that did not yield to any treatment. After six months of suffering, and after more than twenty attempts at suicide, the patient succeeded, in one of her tranquil periods, to elude the vigilance of her attendant, and hung herself in an obscure corner of the apartment.

Cranium sound; the encephalon the same, its vessels filled with blood; the ventricles nearly dry: the pineal gland almost filled with gravelly matter. Close adhesions between the pulmonary and

costal pleuræ: the lungs sound in other respects. The heart was enveloped in much fat; very little serosity in the pericardium; the right auricle and ventricle filled with red blood, as well as the left ventricle. Liver very large, of a pale yellow colour, but otherwise sound. The stomach much distended, but empty. The other viscera natural.

*Case 10.*—C. S., a postillion, aged thirty-two, became maniacal without any evident cause. Blood-letting, cold affusions, and laxatives had nearly reduced the disease, when he suddenly fell into a state of idiotism. He remained in this state two years. He died after the supervention of colliquative diarrhœa.

The cranium was extremely thick, chiefly behind. The dura mater was very easily detached from the bones, to which it scarcely adhered: on puncturing it, a considerable quantity of serum escaped. There was no trace left of the arachnoid: a whitish gelatiniform mass occupied the whole space between the dura mater and encephalon, the convolutions of which were compressed. All the ventricles were gorged with serum, the encephalon flabby, and extremely soft, the cortical substance of a white tint, and water flowed over all points of its surface. There was nothing unusual observed in the thoracic and abdominal cavities, excepting that the omentum was very fat, although the rest of the body was extremely emaciated.

*Case 11.*—A female servant, aged thirty, was brought into the hospital in a state of sombre melancholy, in consequence of disappointed expectations. She died of inanition, owing to her obstinate refusal of aliment.

The body had remained four days, before it was opened, during a temperate state of the atmosphere, and yet the encephalon was excessively hard and compact; but without any other alteration. The lungs were tuberculous: some tubercles had advanced to supuration.

*Case 12.*—A female, aged twenty-six, was seized with violent headach immediately after delivery. The pain was remittent, but the attacks became redoubled in violence. Recollection, at last, was lost during the accessions of pain, and, in the intervals, exhaustion and indifference were manifested to every object: the patient was careless of her child: but, strictly speaking, there was no mental alienation. Vomitings occurred during the paroxysms, which terminated in death. The pulse was not accelerated at any period of the disease.

The vessels of the dura mater were gorged with blood; but those of the pia mater were pale and empty. The right lateral ventricle was neither distended nor contained any serum: the left lateral ventricle, on the contrary, was greatly distended, and contained above two ounces of serum. Behind and beneath the tubercula quadrigemina of the right side was found, in the substance of the brain, a steatomatous tumour as large as a nut, which reached, at its inferior surface, the posterior part of the petrous bone of the right side. Here was observed some pus: the dura mater was discoloured, adhered firmly to this part of the temporal bone, which

latter part was affected with caries. On dividing this part, the caries was observed to have extended to the interior of the organ of hearing of this side.

*Case 13.*—A man, aged fifty-four, an old soldier, had slept in the sun after fatiguing work in the fields, and wakened in a state of delirium, which soon reached the utmost intensity. He had violent fever, with all the symptoms of encephalitis. Suitable means were used to remove the disease; but he became an idiot: the torpor of his faculties increased, and he became generally dropsied: the more this dropsy increased, his memory and judgment were the more restored; and his faculties did not again forsake him until his death. This state of dropsy continued about four weeks.

The dura mater and arachnoid were united into a single membrane, which adhered firmly to the cranium. There was much water effused beneath the meninges, and also in the ventricles. The substance of the encephalon was softened throughout.

(*To be continued.*)

*Researches respecting the History of Diseases of the Lymphatic System.* By M. ANDRAL, JUN.

“The annals of science possess but few correct observations respecting the organic alterations of the thoracic canal, and of the vessels which terminate in it. These alterations are, however, very rare. I have dissected with care the thoracic canal in more than three hundred bodies, and I have only found it five times in a state of disease:—in two cases its parietes were the seat of an obvious state of inflammation; in a third case it was obliterated; in a fourth it was cancerous; and, finally, its parietes were, in the fifth case, sound, but a foreign, solid, and apparently a tuberculous, matter filled its cavity. The rare occurrence of such cases induces me to publish them: they furnish some materials to the history of diseases of the lymphatic system—diseases respecting which we possess as yet so few positive ideas.”

*I. Inflammation of the Thoracic Canal.*—A female, forty-seven years of age, who was afflicted by chronic nephritis, died in the Hospital *La Charité* during the course of the year 1824. This female had arrived, by degrees, at the last stage of marasmus, and hectic fever had consumed her. She had also presented all the symptoms characterising nephritis. The right kidney was found changed into a number of cysts filled with pus: behind it existed a vast purulent collection, which extended as far as the iliac fossa. Instead of finding the thoracic canal empty, or filled with a little transparent serosity such as is generally found, I discovered, between the descending pectoral aorta and the vena azygos, a white chord, of the size of a writing pen. A more attentive dissection soon discovered to me that this chord was the thoracic canal distended by purulent matter. It was thus filled from where it passed through the diaphragm to a little before it opened into the subclavian vein. In the whole of this extent, the internal surface of

the vessel presented a red colour, the intensity of which was not the same throughout. In one part a number of vessels were seen agglomerated and admirably injected; and in another part the redness was uniform, and similar to what is frequently observed on the internal surface of arteries, but it seemed not to result from vascular injection; one might say that the internal surface of the canal, at these parts, was as if painted red. This colour resided entirely in the internal membrane, which was considerably thickened, and which could be separated from the external tunic much more easily than in a state of health. The rest of the lymphatic system presented nothing particular.

In this case were found united the most decided appearances of inflammation, viz. redness of the textures, their thickening, and, lastly, pus. But a difficulty may be here started — it may be said that the pus was not formed in the thoracic canal, but was carried there by absorption, and that it was in consequence of its contact with the internal surface of the canal that this latter was inflamed. In whatever manner the fact may be explained, it was not the less certain that there existed inflammation of this duct, either primitive or secondary.

I had occasion to see another case of inflammation of the thoracic duct at the Hospital for Children, in a boy eleven years of age, who had been under the care of Dr. Guersent, and who died of croup, complicated with pleuro-pneumony and gastritis, in the course of June 1823. The parietes of the thoracic canal appeared to me much thicker than natural, and also much more friable. The cavity of the canal contained but a small quantity of transparent serosity; but its internal surface was, in its whole extent, of a lively red colour. Observed between the eye and the light, this redness seemed to arise from a minute vascular injection. A number of tumefied and reddened glands, with tubercular points in the centre of each, were developed along the whole course of the thoracic duct: a still greater number was found in the abdomen, around the enlargement in which the duct commences.

This case differs from the first, in the circumstance that no pus was observed in the canal. The existence of inflammation was, however, proved not only by the redness, but also by the change, as respects thickness and consistence, which the parietes of the canal had undergone. It should also be remarked, as a circumstance not observed in the first case, that inflammatory enlargement of the adjoining lymphatic glands was present in this case, along with inflammation of the canal.

II. *Obliteration of the Thoracic Duct*.—In the course of the month of November 1821, whilst opening, at *La Charité*, the body of a patient dead of pulmonary consumption, I proceeded to the dissection of the thoracic duct. In the extent of some inches above the diaphragm, this canal was filled by a very considerable quantity of lymph; above this part it was abruptly constricted, and in the part corresponding to the bodies of the fifth, fourth, and third dorsal vertebræ, it was both constricted and deprived of its transpa-

rency; finally, from above the third dorsal vertebra to its termination in the vein, the canal assumed its usual calibre and transparency, and was again filled with lymph. I opened the duct immediately above the diaphragm: a fine stilet easily passed until it reached the margin of the fifth dorsal vertebra; but at this point, the stilet met with a sort of cul-de-sac, and could pass no higher—the canal was entirely obliterated in the part which was constricted, and transformed into a sort of fibrous chord. But how came the canal to be filled with lymph above the obliteration? By what route had the lymph been carried into that situation? A minute dissection soon enabled me to discover *the existence of a considerable lymphatic vessel—a sort of second thoracic duct*—which arose from that part of the principal duct a little below the commencement of its obliteration, directed its course obliquely from below upwards, and from within outwards, until it reached the vena azygos; proceeded behind this vein, and afterwards reached the upper portion of the thoracic duct, and opened into it at the point above where the obliteration terminated, forming with it a sort of angle similar to that which the thoracic duct itself forms with the subclavian vein.

I do not attempt to explain how and when the obliteration now described took place. As to the collateral duct, by whose means the circulation of the lymph seems to have been preserved, it was chiefly remarkable with respect to its size. Indeed, it is not uncommon to find the thoracic canal accompanied in its course by more or less considerable branches, which are detached at various angles, and which, after a certain space, again approach it and open into it. It was probably, in this case, one of these branches which, subsequently to the obliteration of the principal canal, acquired a much greater volume. This phenomenon is similar to the more familiar one which takes place when the canal of an important artery is obliterated. M. Rayer, in his excellent article on *Dropsy*, in the *Dictionnaire de Médecine*, has cited from Sir Astley Cooper a case of obliteration of the thoracic duct, in which, as in the one now detailed, the circulation of the lymph was preserved by means of collateral vessels, which were developed in proportion to the necessity.

(*To be concluded in the next Number.*)

#### PRACTICE OF MEDICINE.

*Case shewing the Effects of a very Hot and Prolonged Bath, in a Case of Chronic Rheumatism.* By M. TEALLIER.

A female, aged twenty-eight years, had experienced, during six months, rheumatic pains of the limbs: the joints, hands, and feet, were swollen, and scarcely capable of motion. The repeated application of leeches, of emollient cataplasms, warm-baths, and anodyne and camphorated embrocations, had produced a momentary relief of her sufferings. Her appetite was good, and the functions regular. A charlatan advised the patient to remain immersed, for



the space of twelve hours, in a hot bath, the temperature of which he gradually raised *very nearly to that of ebullition*. She entered this bath at mid-day, and remained in it six hours, when she lost all recollections; an hour afterwards she was found entirely deprived of feeling, with her head supported by a board covering the bath. She was immediately taken out of the water. The face was enormously swollen and blackened; the eye-lids tumefied; the eyes distorted; the skin was of a dark-red colour, burning, and bloated; perfect loss of feeling and recollection; taciturn delirium; grinding of the teeth; foaming at the mouth; convulsions of the limbs, increased on the slightest touch; respiration laborious and rattling; abdomen distended, particularly at the epigastrium; pulse hard, concentrated, frequent, and irregular.

She was bled from the arm to the extent of twenty-eight ounces: the blood was red and vermilion. She recovered her recollection and speech, and the convulsions ceased: she now complained of pain at the epigastrium, and thirst. A large emollient cataplasm was applied to the epigastrium, and orangeade and ices were given her. She passed a restless night. On the following day the pain at the epigastrium was very severe: forty leeches were applied to this region, and gave much relief. On the third day, she complained of pain about the umbilicus: the application of twenty leeches afforded instant relief. Cataplasms, emollient lavements, and refreshing drinks, were administered during eight days: she recovered perfectly. Six weeks afterwards, the whole of the epidermis came from her body. Eleven months have elapsed, and she has had no return of the rheumatism. — *Journ. Univers. des Sciences Méd., Nov. 1824.*

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## PART V.

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### MISCELLANEOUS INTELLIGENCE.

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#### *Pirated Lectures.*

It seems that the framers of our English law never contemplated the extent to which unblushing knavery might be carried, or the open disregard of all honorable and honest feeling, which, in the progressive diffusion of knowledge, and the gradual increase of a busy population, might come at last to prevail in an intellectual city, and even in what used to be called the liberal professions.

The understanding of a plain unsophisticated man has no difficulty in comprehending, that if a lecturer gets his living by the delivery of original lectures, which his hearers pay for the privilege of being admitted to, the publishing of those lectures against the will of the lecturer, and the selling them for sixpence a lecture, are acts of fraud. Neither is there any difficulty in determining that the person doing these things is a rogue. I do not speak of the narrow and technical definitions of a mere lawyer, but make my appeal to all men who have not sacrificed common sense and

common feelings of honesty to forms and customs; who do not measure morality by the imperfect provisions of human law, and who can imagine higher degrees of virtue than that which owes its existence to the salutary fear of being hanged.

Is there not—I ask the whole Profession—is there not something unbecoming, to say the least of it, in medical men of any rank being seen to regulate their consciences by legal formalities, and to forget, or seem to forget, the original distinctions of right and wrong, of honest and dishonest? Is not the fact, of so many medical men, in town and country, who reprehend certain *radical* medical productions, being nevertheless known to encourage such productions by purchasing them, deeply disgraceful to us?

They encourage such nefarious publications, perhaps, on the same principle to which one of the most depraved political writers that ever disgraced the name of Englishman so long owed his support, and read to gratify their curiosity as to what will be said next. They disapprove, they condemn, they despise—but they buy, and therefore reward. They think themselves shielded from the shame of these things, by a kind of sophistry, which is any thing but a sufficient protection. They think it very wrong to publish the lectures in this way; but, being so published, why should not they possess them as well as others?—“*their* not buying the work would not make others cease to buy it, and therefore why should they not see it?”—“they respect Sir A. C. and Mr. A., but it is amusing to see what impudence can assert, and the abuse, though often indefensible, is always amusing.”

In answer to all this, I ask them one plain question: Are not the lectures published in those productions, published against the will of the authors and proprietors of such lectures; and, consequently, are not *all* those who purchase this property, the *purchasers and receivers of stolen goods*? I defy any man, by any species of quibbling, to get over this difficulty. The dilemma is equally intelligible and inevitable; and whoever, after due consideration of his inability to give a plain, honest, satisfactory answer to this question, continues to take in these stolen pages, *has made an inroad in the integrity of his character, has weakened his virtue, and impaired his honesty.*

It is not to be expected, that a Profession crowded like ours should be without many needy and unprincipled men, who, wanting the qualities requisite for success in the ordinary duties of it, too impatient for wealth, and too careless of character to toil up the painful paths which lead to honourable distinction, and untaught in any reputable trade, are compelled to be traitors to a Profession on which they have unhappily intruded, and to try to live by sacrificing its interests to the gross appetite of an ever-gaping and credulous multitude, kept in such a state of training by the labours of the daily and weekly press, as to be able to swallow the most monstrous absurdities with satisfaction, and to feed on the most repulsive diet with delight. The world has always its lovers of scandal, its admirers of *wanton* abuse, of idle or of malignant mischief, who find a morbid pleasure in the perusal of works which have little else to recommend them. This is to be expected, and must be left for reformation to the gradual improvement of civilised communities. But that men of any estimation in the world, and of any reputation in an honest neighbourhood, should patronise, in the slightest way, directly or indirectly, such writers and their works, because they think themselves gainers by them, is a thing calculated more than any other circumstance to degrade us altogether in the eyes of the public; to make us suspected of being without any laws of professional honour or any tie but that of interest; to foster and vindicate the prevailing spirit of quackery; and to render the profession of physic and surgery unfit for any

man with the feelings of a gentleman, and to whom any other liberal path of life is open.

To prove that any line of conduct is dishonest should be sufficient to cause all men aspiring to an honest fame to depart from it. The particular line of conduct here reprobated, is not only so, but in reality promises no advantage, beyond a very temporary one, for all this waste of good conscience. The direct effect of the publications in question is, after a short career of success, to make the infamy which dictated their establishment as useless as it is odious.

This is an objection to the sixpenny publications of lectures, which I wish very particularly to press upon students and young practitioners, because I know that these gentlemen, more especially, imagine that they are really benefited by such works, that their acquirement of professional knowledge is facilitated, and their advancement hastened by them. In this respect they are unquestionably mistaken. We can find an excuse for the man who, not having been fortunate enough to attend the lectures of Sir Astley Cooper or Mr. Abernethy, has been for a moment led astray by the desire of possessing even an illegitimate copy of them. Those eminent individuals are the proud ornaments of a noble Profession. Distinguished by their science, by their industry, by their liberality, and the highest feelings of independence, they have also long been, as teachers of surgery, though each in a different style, quite unrivalled. This country can never appreciate the full extent of the advantages it owes to them. — But it is worth consideration, whether, if the first lectures of these truly eminent men had been published, and read at breakfast-tables, they would have been at all fashioned as they have been; whether the one would have indulged in an originality which all who have heard him know was so happily and so closely connected with the most important parts of practical instruction as never to be forgotten, and always to be remembered with advantage: whether the other would have been remarkable for the warmth and generosity of manner which converted the teacher into the friend, and, whilst it made him adored by his pupils, secured their deepest attention to his lessons of unaffected wisdom. It is my deliberate opinion, that, under such circumstances, lectures of this exalted character would never have been produced. A man who lectures to a crowd of students, respecting him as their teacher and dwelling upon his words, and who at the same time feels how important a duty he is performing, and what a serious influence all he says may have on those who are listening to him, on their lives and actions as well as on their opinions, and still looks beyond that to creating a name among men of science and learning like himself, speaks in a very different situation, and under very different circumstances, from him who is actually lecturing to the whole unlettered city of London, to every man who has eyes wherewith to read and sixpence wherewith to buy. The former will be communicative, confidential, original; sometimes impressive and eloquent; always plain and perspicuous; sometimes, for the sake of forcible illustration, even humorous: the latter will aim at an appearance of precise and plausible profundity; all he says will be moulded after forms which exclude originality; he will sport in the shallows of science, and never put off into the deep, out of sight of the common crowd who stand upon the shore: his plainness will be meanness and nakedness; his eloquence “sounding brass,” his illustrations “tinkling cymbals.” His art will be unallied to wisdom, and his gravity will be the gravity of a cheat. He will elaborate each lecture to be worth “as much as it will bring,” and, unless he is an absolute fool, he will avoid being confidential when his confidence will be imparted in a sixpenny number to all the world the next morning.

Such will be the effect of piratical editions of lectures, and the students of medicine and surgery will soon discover the uselessness of attending

lectures at all. In this view, then, this cheap knowledge will be less detrimental to the interests, than degrading to the character of physic and surgery.

The interests of the public, in the mean time, are in no degree benefited. The conductors of even respectable periodical works in general literature, dazzled by a profit which they have not virtue to despise, do, it is true, endeavour to make up what they want in sustained spirit and creative talent, by the seductive display of a page or two of popular physic, as if to shew how needy and how grasping we have all become; but the anxious invalids who trust to such authorities are cruelly gulled and deceived, deluded by that "little knowledge" which always intoxicates, and sometimes ruins. It is not merely that a false estimate is thus formed of medical learning and talent, and that the shallowest men, presuming the most confidently upon that ignorance of the public which a man of genius is careless about, thrust themselves into places for which they are not qualified, but every day presents examples of cases rendered incurable by the fancied knowledge of unprofessional persons, who possess a medicine-chest and a *Book of Death*; and thus the wretched editors of these pretended volumes of wisdom, add to their constant crime of robbery, that of occasional murder.

Even this climax of mischief and aggravation of criminality is not of a kind to deprive them of all patronage, for "the world has people of all sorts;" but, I trust, for the honour of a Profession which can never really be degraded but by its own misconduct, that such tender care and kind encouragement will soon be confined to those who may be expected most to stand in need of what they recompense, and most to sympathise with those they protect; and, being disowned by all good men in and out of the Profession, will be left to the lowest and most depraved part of society.

C..A.

*Dr. Copland's Answer to the Remarks on his Appendix to Richerand's Physiology, contained in Anderson's Journal of Medicine.*

The Editor of Anderson's Quarterly Journal of Medicine has, in his Number for January 1825, made certain loose observations in support of his former remarks on some of the opinions we have espoused in the Appendix to M. Richerand's Physiology, and in reply, as he supposes, to our answer contained in the MEDICAL REPOSITORY for November 1824.

As he could not controvert the facts we previously stated, he therefore resorts to the following allegations and misrepresentations, which we now proceed to expose.

1st. He says, 'We give Dr. Copland all the benefit he wishes to derive from the dates he has stated; but we may be permitted to remark, that the paper read to the Medical Society cannot, in any sense of the word, be considered as published; and the paper published in the REPOSITORY was nothing more than the titles of chapters and sections, as may be seen by his own quotations in the Appendix to Richerand.' The quotation in the Appendix from the original paper in the REPOSITORY is only a small part of that paper; yet it will be allowed, by every anatomist and physiologist, to contain opinions which—whether right or wrong is nothing to the present purpose—he will not find in any other work with which we are acquainted,—and we are surely as well acquainted with medical writings as he is, or any other person like himself who does not belong to the Medical Profession. Although the opinions in question are given in the form of a classified synopsis, yet are they, in that form, clearly, but briefly, stated as inferences which, though each may require—and was intended to have attached to it—an analytical exposition, yet do they collectively form an inductive system of physiological and pathological doctrine.

Whether the paper read to the Medical Society was, in point of fact, published or not by its being read there, we care not. It was at least published to the members of that Society. The circumstance at least proves that we entertained the opinion at the time, if not previously to the time, of the paper being read there; and this was all we wished to claim from the statement of this fact.

2d. He next says, that although the greater part of the Appendix may have been printed off before the appearance of Lobstein's work, why not mention him in the preface, or in an additional note at the end of the Appendix?—This was, in our opinion, unnecessary; for we did not give the opinions, in this part of the Appendix, as opinions which were then made public by us for the first time. We considered them as published, to all intents and purposes, when they appeared in this Journal, if not before. M. Lobstein's work, as well as works of others, appeared soon after the time when the notes, relating to subjects on which these works treated, were written, but we had neither space nor time then to recur to these subjects. As to mentioning the matter in the preface, that was unnecessary—indeed the circumstance of the appearance of M. Lobstein's work did not suggest itself to us when we wrote the preface, and until the moment when it was written, we had no intention of writing any preface at all. We had also very good reasons to believe that, before long, another edition of the work would be required, in which the omissions inseparable from the first might be attempted to be supplied.

3d. This writer next changes his plan of attack, finding himself foiled in his first attempt, and states, that 'there are other names not mentioned in this part of the work—such as Bichat, Reil, and Richerand himself, in the very work on which he was commenting—to whom we can clearly trace almost every fact and inference which Dr. Copland claims as original.' To this we reply, that the facts and opinions stated in the part of the Appendix in question are *not* those of Bichat, Reil, and Richerand; and that this writer is ignorant not only of the writings of these physiologists, but also of the scope of what we have there stated. The opinions of Reil are very different from ours: a few of the doctrines espoused by Richerand and Bichat approach somewhat nearer, in some particulars, and perhaps the superficial or cursory reader may think them nearer than they are; but they are as different from our opinions as the usually received views on the subject. The matter of difference and agreement we never wished to conceal;—indeed, in the original paper read at the London Medical Society, we adduced this matter fully, and availed ourselves of the facts these writers furnished in support of our views, in the more extensive field which these views embrace. But neither of those authors originated the opinions they espoused, and which are generally imputed to them. Winslow and Johnstone promulgated almost all that can be adduced from Richerand and Bichat. To have noticed these latter writers would have obliged us to criticise many of their doctrines, and to shew wherein we differed from them, and wherein we agreed. This would have led us into a discussion which would have been incompatible with the space to which we were limited, and to our agreement with the proprietors of the work. We therefore thought it the better way—and we think so still—to state succinctly our own views, and leave it to the learned physiologist to judge respecting them; we only wished credit for what was strictly our own; what had been previously stated, we did not wish to assume, and what we believed it did not become us to reject. We leave the matter in the hands of those best able to decide respecting it; but certainly a person who has never dissected a subject, and who is in no way a member of the Profession, is not a person to give an opinion on a matter of this description. To those who may feel any interest in this subject, we beg leave to suggest a reference to Winslow on the abdominal nerves, to Johnstone on the ganglions, to the text of Richerand, to the writings of Reil, to the general anatomy of Bichat, and then to the original



paper in the *REPOSITORY* for May 1822, and to that in the *Appendix to Richerand*. They will then see what we are most anxious to make public—they will perceive what belongs to those authors and what to us.

4th. This writer proceeds next to question the truth of these views. This he is welcome to do. We care not about their becoming matters of *vulgar* belief. He quotes Mr. C. Bell, as he supposes, in opposition to them, in great triumph; but Mr. Bell's objections are levelled at the opinions of B. chat, from whom we also differ—so much for this writer's knowledge of the matter, on which he has the assurance to decide. Mr. Bell is, however, not altogether correct in the quotation adduced by this writer; for it contains postulata which we challenge Mr. Bell to substantiate. We can also quote, from the same work of Mr. Bell, opinions in unison with some of our own, and in direct contradiction of some of those quoted by this writer. As to this, we refer to the review of Mr. Bell, at pages 131 and 132 of the present Number.

5th. He quotes a passage, and states his inability to understand it. We admit his inability—we should be sorry to dispute it;—we, however, happen to know the reason, and will inform him how he may have his judgment improved:—Let him study the principles of the Profession which he has usurped—and above all let him study anatomy.

We now take leave of this writer. We apologise to our readers for the notice we have taken of him. We assure them, however, that we shall not err in this way in future as respects him, whatever he may have the assurance to state. But we shall most certainly inform them, and the medical public generally, if he again trouble us with any of his observations, of certain doleful, and not incurious reasons, why he attacked us in the first instance, and of certain other reasons, which render it a duty to ourselves to take no further notice of what may proceed from him, or from similar quarters.—J. C.

*Remarks by the Editor on some opinions respecting the Practice of Midwifery contained in the Medical Repository for Jan. 1825.*

It has become necessary for us, owing to the following circumstances, to make some brief remarks on a paper on the practice of midwifery, which appeared in our last Number. At the time of its being put into our hands we glanced it over, and appended to it certain observations of our own, which, together with the signature at the conclusion of this paper, were overlooked amongst the other articles sent with it to our printer. A professional engagement at some distance from town, on the day previous to publication, prevented us from seeing the proof of the last half sheet of the number; and consequently the loss of our note was not rectified. We state this in justice to ourselves, because, from the circumstance of the article appearing without its signature, and without any observations professedly emanating from us, we may be considered by some as the authors of this paper. The responsibility attaching to us for giving it insertion in this Journal, is all that belongs to us; and that responsibility we do not wish to elude by this statement. But we candidly confess that, had our engagements allowed us time to consider the paper, we would not have permitted it to appear in our pages, and for the following reasons:—

1. The intemperate spirit of the paper is injurious to the Society of Physicians, the objects of which it professes to applaud. We confess that if we had read the paper attentively before we sent it off, we might have seen that our "Old Correspondent" is a "wolf in sheep's clothing." But we then conceived that the note we appended to it, denying our concurrence in, and controverting its chief positions, would prevent it from being considered that we participated in its sentiments: why this note did not appear we have already stated.

2. We consider, in opposition to this "Old Correspondent," that, although we cannot approve of physicians generally following this branch of practice,



it is nevertheless a most important one, and one for which the female education, and the female resources, both moral and physical, do not qualify them so well as the well-educated general practitioner. As to the practice being derogatory to public morals, we deny that it is: as respects medical practitioners themselves, we think it rather calculated to have a contrary tendency; and as regards the females whom they attend, the manner in which the well-qualified practitioner conducts the process is infinitely more modest than that observed by midwives, and is such as should tend to impress females with a sense of the utmost delicacy. We do not think that physicians generally should practice midwifery, because we believe that the general practitioners of the present day are qualified to act almost on every emergency likely to happen during the parturient process; at least we know none who is not so qualified; and that to them this branch of practice should be confined: and because we think that puerperal diseases, such as convulsions, hæmorrhage, fevers, inflammations, &c. &c. supervening about this period, strictly belong to the pure physician, and we do say that he is no physician who knows not how to treat them; and we do, moreover, believe that the general practitioner, with the opinion and direction of the well-educated physician or surgeon, or both, in cases of great difficulty, will be able to perform all that may be required of him in such cases.

3. This correspondent has alluded to an occurrence which all professional men must deplore, on more accounts than one. This illiberal allusion, we state explicitly, did not meet our glance when we looked at the MS.; if it had, such an allusion should never have appeared in the pages of the *MEDICAL REPOSITORY*, and for obvious reasons. The individual is not now to answer the implied allegation which it conveys, and which he did not deserve. We have been ourselves occasionally severe when we were well convinced that severity was due: but when we thought that our strictures might appear to some unduly severe, we either affixed our name or initials, or avowed our personal responsibility for the act; and we have reason to assert that we never did so but when the individual who should think himself aggrieved, could have it in his power, if he chose, to have that explanation which is due to one gentleman from another.

We have now frankly adverted to the matters contained in this paper, and stated our own opinions of them, as far as our limits would permit: we have done so because we are not anxious to have the odium cast upon us of espousing opinions which we do not entertain. J. C.

1, *Bulstrode Street, Cavendish Square*, 11th Jan., 1825.

*Society of Physicians of the United Kingdom.*

This Society commenced its ordinary meetings for the season on the 16th of December. After the business of proposing a number of new members was gone through, it was moved and carried, "That no member of this Society shall sign a certificate for the purpose of enabling any person to obtain a diploma of Doctor of Medicine." A part of a Paper on the Nature and Distinctions of Hydrocephalus was afterwards read to the Society by Dr. Shearman.

At the next meeting of this Society, on January 20th, 1825,) several new members were proposed, and others elected. It was afterwards proposed and carried, "That any Physician qualified to become a member may be introduced as a visitor to the meetings of this Society by a member." The reading of Dr. Shearman's paper was concluded: and several letters, from members of the Society residing in the country, were read, which promised the contribution of papers, &c., for the purpose of promoting the views of the Society. It was afterwards resolved, "That it be recommended to the members of the Society at large to take into consideration the subject of medical nomenclature, and transmit their observations on the subject to the

Society, through the medium of the secretary." This important matter is recommended to the members of the Society with a view of afterwards appointing a committee of their number to consider the communications which may be transmitted to it, for the purpose of placing the results before the Profession.

*Experiments made upon Six Decapitated Robbers.* By Professor BARTELS.

On the 14th October, 1811, six highway robbers were beheaded near Marburg; one of them was sixty years of age, the other five from twenty to thirty. At the instant when the head of the first fell, the trunk got up again, as if the individual had been about to rise upon his feet, while the bodies of the others fell down flat at the very moment: when a little after the heads were thrown at the foot of the scaffold, we saw all the muscles of the face of the last executed completely relax, while those of the old man presented a general contraction, which lasted for a considerable time. These opposite effects took place without the occurrence of any difference in the mode of decapitation to which they could be attributed: with respect to this, it will not be useless to remark, that there remained at least two vertebræ attached to each of the heads. It was observed, that, at the moment of decapitation, the muscles of the face of the greater number of the heads contracted in a convulsive manner. As the head of the first decapitated had not been brought with the rest, no other observations were made with regard to it. The second, which fell ten minutes after it, was observed without loss of time. It was tried at first to excite a contraction of the iris, by pricking that organ, but no apparent motion was obtained. The same operation having been made upon the iris of the third head, the pupil dilated a little, and again quickly contracted; while, at the same time, the pupil of the other eye (which had not been pricked) contracted, and again immediately dilated; an effect which Professor Trenderoth, as well as Messrs. Bungers and Herold, who were also present, saw in the most evident manner. Some minutes after decapitation, the bodies were opened, the heart contracted and dilated alternately with much force, in such a manner as to produce regular pulsations. At the end of ten minutes these motions had, it is true, abated a little; but they were always incessant, and the alternate contraction and dilatation preserved their regularity. Five minutes later, these motions had become unequal and very weak; they revived, however, when the heart was irritated by pinching it. A mechanical irritation made upon a branch of the great sympathetic, accelerated a little the motion of the heart, but only for a minute at most; the motion itself, however, continued for a long time, only decreasing in intensity. A puncture made in the transverse muscle of the abdomen of the same body occasioned strong convulsions, especially in the lower extremities, and yet the nerves had not been immediately irritated. A mechanical irritation made at the lower part of the spinal marrow, caused violent contractions in the muscles of the trunk, as well as in those of the neck, particularly those of the upper part, at the place of the section (which had already been frequently remarked). On irritating the upper part of the spinal marrow of another head, convulsive motions were produced in the muscles of the face, and there resulted a movement of the tongue and surrounding muscles. In the third body, a motion was remarked in the lower part of the trachea which remained attached to the trunk: this motion was accompanied with a sort of hissing, an effect caused, without doubt, by the convulsive contractions of the muscles which had been cut. Similar motions took place in all the others. The head of the last decapitated was transported to the theatre, which, on account of the distance, occasioned the loss of an hour. Here, our first care was to try the duration of the galvanic irritation upon the different muscles of the head. The elevator-muscle of

the upper eyelid, and the superior oblique muscle no longer contracted; but the frontal muscles, the orbicularis palpebrarum, masseter, digastric, &c., still continued to contract. The contractions ceased first in the masseter muscle; they were prolonged in the buccinator. Two hours after execution, it had entirely ceased in all the muscles, and it could not be excited on moistening them anew. In another head, cut off twenty minutes at least before the preceding, the galvanic irritation caused the depressor commissuræ labiarum, the orbicularis palpebrarum, and masseter, to contract; this latter always much longer than the others. Two hours and three quarters after decapitation, the muscles of this head appeared to have lost all irritability. Before concluding our experiments upon the head of the last decapitated, we exposed the pectoralis major and minor of a body which was brought in. The large pectoral muscle alone contracted under the influence of the galvanic fluid, the muscles of the abdomen no longer contracted; contraction took place only in the right triceps muscle, and in the sartorius; they ceased always in the latter half an hour sooner than in the other. Irritation applied to the transverse muscle of this body, no longer produced contraction; which we attributed to the circumstance, that the body had been opened at the place of execution, after the first experiment. In another body, which had been opened at the same time, the application of galvanism also produced some motions, as well as a feeble contraction, which was not renewed: mechanical irritation produced none. An hour and a half after execution, the natural motion of the heart had ceased in the bodies already carried to the theatre. We were still, however, in hopes to produce contraction by means of irritation; not being able to get at the heart of the body which had been first opened, we proceeded to that of a body which had been newly opened. This last had also retained its heat, principally in the internal parts; the heart still contained a little blood, of a deep colour, in the left ventricle, which was partly fluid and partly coagulated; but we could not, either mechanically, or by means of galvanism, excite any contraction of the muscular fibres of the heart.—*Schriften der Gesell der Gesamt Naturwiss zu Marburg*, vol. i. 1823.

*On the Detection of Hydrocyanic Acid in the Bodies of Animals poisoned by it.*

The Report on a Memoir by M. Laissaigne on this subject, states, that having prepared the pure hydrocyanic acid, according to M. Gay Lussac's method, it was diluted with five times its weight of water to retard its spontaneous decomposition. A ten thousandth of this acid in water could be detected by persulphate of iron, i. e. a grain of the diluted acid being added to eighteen ounces of water was rendered sensible by the action of the ferruginous salt.

This test, although very delicate, is surpassed by another, in which copper is used, and which will detect the one-twenty-thousandth of the hydrocyanic acid in solution in water. The mode of operation is to render the liquid containing the hydrocyanic acid slightly alkaline with potash; add a few drops of sulphate of copper, and afterwards sufficient muriatic acid to re-dissolve the excess of oxide of copper. The liquid appears more or less milky, according to the quantity of hydrocyanic acid present. A singular property of the precipitate thus diffused through twenty thousand parts of water is, that after some hours it re-dissolves, especially if the muriatic acid added be in sensible excess.

Nitrate of silver is also a good re-agent for detecting hydrocyanic acid, but the appearance too much resembles that produced by the presence of muriatic acid.

A cat was poisoned by twelve drops of the hydrocyanic acid in sixty drops of water; the animal died one minute after having swallowed the poison.

At the moment of its death a vapour came from its throat smelling strongly of the acid, and a paper, moistened with alkali when held to it, was afterwards rendered blue by persulphate of iron. The animal was retained at the temperature of 50° F. for eighteen hours, and then opened. The odour of prussic acid was readily perceived in the brain, spinal marrow, and thoracic organs. It was but slightly sensible in the stomach, which contained nothing but mucus; but on cutting the organ in pieces it was developed. The stomach was cut into pieces under water, and distilled with the water; when about an eighth of the liquid had passed over, it was mixed with potash and persulphate of iron, and soon gave a feeble blue tint, leaving no doubt of the presence of hydrocyanic acid. The test by copper gave it still more sensibly. The copper tested prussic acid also in the intestines, but the persulphate of iron did not.

The experiments repeated on a young cat, with one drop of the acid, gave the same results.

A dog being poisoned by twelve drops of the acid, died in half an hour. The body was opened fifty-three hours after death, and both the contents of the stomach and the stomach itself, distilled as before, gave, by sulphate of copper, decided proofs of the presence of the prussic acid.

Four drops diluted with water were injected into the rectum of a young cat; forty-eight hours after death the intestine was extracted and examined, and gave evidence of the presence of the poison.

M. Lassaigne observes, that when the quantity of hydrocyanic acid is very small, its presence is not shewn by the sulphate of iron until twelve, or even eighteen hours after its addition, whilst the sulphate of copper discovers it immediately; and that the effect of the latter had frequently disappeared before the first had become evident. The experiments indicate, 1. That, from a ten thousandth to a twenty thousandth of hydrocyanic acid may be discovered in solution in water; 2. That when animals have been poisoned by hydrocyanic acid, traces of the poison may be discovered in them from eighteen to forty-eight hours after death; 3. That it is always in the parts into which the poison has been introduced, that it may be discovered; 4. That it has as yet been impossible to shew the existence of the poison in the brain, the spinal marrow, or the heart, although these organs evolve an odour sufficient to excite suspicion of its presence. — *Ann. de Chim.* xxvii. 200.

#### *Active Principle of the Daphné Alpina.*

The following conclusions have been arrived at by M. Vauquelin, in consequence of experiments on this plant: —

1. That the irritating principle of the daphnes is a volatile oil.
  2. That it is during the vegetation of the plants, when they contain most of the volatile oil, that they possess most energy.
  3. That this oil being gradually converted into resin, the irritating powers of the plant diminish in proportion.
  4. That a certain quantity of resin being formed, defends the rest of the oil from a similar change, and that it is in consequence of this circumstance that old plants retain, to a certain degree, the power of acting on the skin.
  5. That this oil, as well as the acid accompanying it in infusions of the plants, is precipitated by acetate of lead, from which precipitate it cannot be separated by sulphuretted hydrogen.
  6. That, nevertheless, this same oil may be separated from the sulphuret of lead by means of boiling alcohol, but that it remains combined with sulphur.
- *Jour. de Phar.* 1824; p. 424.

**MONTHLY MEDICAL BIBLIOGRAPHY.**

**BRITISH.**

A Compendium of Theoretical and Practical Medicine; comprising, with the Symptoms, Diagnosis, Prognosis, and the Treatment of Diseases, a general View of Physiology and Pathology, together with an Estimate of the Present State of Medical Science. By David Uwins, M.D., Licentiate of the Royal College of Physicians in London; late President of the London Medical Society; Corresponding Member of the Medico-Chirurgical Society of Berlin; Member of the Society of Physicians of the United Kingdom; Lecturer on the Theory and Practice of Medicine; and Physician to the City Dispensary.

This is a succinct and neat compendium of pathology and medical practice, and is calculated to prove serviceable both to the student and to the experienced practitioner, to whom we strongly recommend it.

**FOREIGN.**

Mémoire sur la Préparation du Phosphore comme Médicament. Par J. L. Lescot, Pharmacien, à Paris; Membre du ci-devant College de Pharmacie de la même Ville, et de plusieurs Sociétés Savantes. 8vo. Pp. 28. Paris.

M. Lescot has given a full exposition of the forms of preparing this substance for the purposes of medicinal exhibition. Several Physicians in Paris have made trial of its effects, and consider it as a most powerful stimulant and antispasmodic in diseases of debility, and such as are characterised by defect of nervous energy. We shall take occasion of again recurring to the subject.

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**MONTHLY LIST OF WORKS RECEIVED FOR REVIEW.**

An Analysis of Medical Evidence: comprising Directions for Practitioners, in the view of becoming Witnesses in Courts of Justice; and an Appendix of Professional Testimony. By John Gordon Smith, M.D. 8vo. Pp. xix. 386. Underwoods. London, 1825.

Elements of Pathology and Therapeutics; being the Outlines of a Work, intended to ascertain the Nature, Causes, and most efficacious Modes of Prevention and Cure, of the greater number of the Diseases incidental to the Human Frame: illustrated by numerous Cases and Dissections. By Caleb Hillier Parry, M.D., F.R.S., &c.—Vol. I. General Pathology. Second Edition. 8vo. Pp. xv. 374, 46. Underwoods. London, 1825.

A Compendium of Theoretical and Practical Medicine; comprising, with the Symptoms, Diagnosis, Prognosis, and the Treatment of Diseases, a general View of Physiology and Pathology, together with an Estimate of the Present State of Medical Science. By David Uwins, M.D., Licentiate of the Royal College of Physicians in London, &c. &c.

An Estimate of the True Value of Vaccination as a Security against Small-Pox. By T. M. Greenhow, Member of the Royal College of Surgeons, London; Surgeon to the Lying-in Hospital, to the Charity for Poor Married Women, and to the Infirmary for Diseases of the Eye, Newcastle. Pp. 85. Baldwin. London, 1825.

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## THE METEOROLOGICAL JOURNAL,

From the 19th of DECEMBER, 1824, to the 20th of JANUARY, 1825.

By Messrs. HARRIS and Co.

Mathematical Instrument Makers, 50, High Holborn.

December.	Moon.	Rain Gauge.	Therm.			Barom.		De Luc's Hygrom.		Winds.		Atmo. Variation.		
			9 A. M.	Max.	Min.	9 A. M.	10 P. M.	9 A. M.	10 P. M.	9 A. M.	10 P. M.	9 A. M.	9 P. M.	10 P. M.
20	●		52	53	36	29	35	29	55	94	90	W	WSW	Rain
21		.08	46	52	49	29	38	29	22	84	95	WSW	WSW	Sho.
22			51	52	34	28	94	28	99	89	82	WSW	NNW	Rain
23		.32	35	48	36	29	65	29	88	79	76	NW	W	Fine
24		.20	38	40	48	29	40	29	70	80	86	W	W	Rain
25			53	53	43	29	40	29	66	97	88	W	W	
26			45	49	40	29	82	30	06	74	80	W	WSW	Fine
27			52	53	49	29	84	29	73	91	93	WSW	SW	Clo.
28	■		51	52	37	29	68	29	76	92	93	SW	NNE	Sho.
29			38	40	45	29	98	30	13	91	90	NNE	SSW	Fine
30		.58	50	52	47	30	04	30	20	96	94	SW	WSW	Rain
31			49	55	50	30	07	30	05	87	84	WSW	SW	Clo.
1			53	54	38	30	03	29	92	85	88	W	SW	Fair
2			44	44	45	29	86	30	00	84	79	W	SW va.	Fine
3			48	48	49	30	22	30	03	84	90	WSW	WSW	
4	○		52	47	35	29	81	30	09	94	87	W	NE	Clo.
5		.16	37	30	33	30	42	30	48	80	81	NE	N	Fair
6			34	41	40	30	54	30	47	86	90	WNW	SW	Fog.
7			43	44	38	30	40	30	34	92	92	W	NW	Clo.
8		.11	39	39	35	30	57	30	64	88	89	N	NNW	Fine
9			37	42	40	30	72	30	72	90	92	NW	NNW	Fog.
10			41	43	36	30	70	30	67	88	86	N	NNW	Clo.
11	☾		38	42	33	30	60	30	56	86	88	NW	NNW	Fine
12			35	42	36	30	55	30	50	84	84	W	NW	Fog.
13			37	40	38	30	43	30	35	85	85	NNW	WSW	Clo.
14			41	43	42	30	23	30	23	89	84	W	SW	
15			42	44	38	30	12	30	01	85	81	WSW	S	Fine
16			45	46	37	29	76	29	47	92	95	WSW	S	Rain
17		.15	38	45	40	29	76	29	89	90	90	W	SW	Fog.
18			47	40	34	29	37	29	30	93	85	SSW	WSW	Rain
19	●	.12	35	38	37	29	32	29	40	90	82	W	W	Fine

The quantity of rain fallen in December was 2 inches and 71-100ths.

## ANSWERS TO CORRESPONDENTS.

Communications have been received from Dr. L. Frank, of Parma, Mr. Bushell, and Mr. Cox. Some other communications are under consideration.

\* The Plate omitted in our last Number is inserted in the present.

\* Several correspondents and readers of this Journal have expressed a wish for the continuation of the Retrospects of Medical Science which we were in the habit of giving. As they interfered with the other arrangements of the Journal, and as the satisfactory execution of them put us to an enormous expense for the works published on the Continent, we gave them up, with the intention of making amends by an additional proportion of Foreign Articles. If, however, our readers wish them to be continued, we will give them in the form of Supplementary Numbers of the Journal. In order to ascertain the wish of our readers, we request them to give their orders on the subject, as soon as they can, to their booksellers; and when we conceive that a sufficient number will be at the additional expense of these numbers, we shall resume the publication of the History of the Medical Sciences.

\* Communications, and Works for Review, are requested to be addressed (post-paid) to the Editor, to the care of Messrs. T. and G. UNDERWOOD, 32 Fleet Street.



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BEING

No. XV. OF A NEW SERIES. — VOL. III.

PART I.

ORIGINAL COMMUNICATIONS.

I.

*Of Absorption.*

IN our Number for January we endeavoured to give a fair exposition of the present state of our knowledge respecting the instruments of absorption. In that paper it was proved, and, as it appeared to us, satisfactorily, that both the lymphatics and the veins are absorbent vessels. We shall now proceed to the consideration of the mode in which absorption is effected. The mere fact, however, of lymphatics and veins being absorbents, clearly renders the questions more intricate, and compels us to consider separately whether the veins and the lymphatics execute the function of which we are treating in the same manner. "Upon this subject," says Magendie, "the most estimable authors contain nothing satisfactory. They have proceeded as is usual with the human mind, where ignorance is complete and knowledge is important: it commences by imagining beings, and then endows them with whatever properties are necessary. In the present instance, they have begun by supposing absorbent radicles, orifices, or mouths. These radicles, however, these mouths, are not the objects of our senses, and properly we ought to go no further; but, no! they have the power of attracting and of absorbing the substances with which they

are in contact. Nor are they without discernment; they have an exquisite tact, they select with great accuracy what they should reject or receive, and it is only after due examination that they decide upon exerting their absorbing power. It is only necessary to question such explanations, to be sensible of the slight grounds upon which they rest." There is, indeed, too much truth in this statement; and we greatly fear that the materials are too few to afford, at least so far as the lymphatics are concerned, a satisfactory elucidation of the question. We shall commence with the observations that have been made respecting the lymphatic system.

It may be correctly stated, that all which is taught respecting the mode in which lymphatic absorption is effected, is mere conjecture; and we feel much inclined to dismiss the consideration of it in the words of Haller, "*de rebus extra sensuum potestatem nolim multa aut ponere aut refutare.*"

When accident first led anatomists to the injection of lymphatic vessels from the rupture of arteries, and good reason seemed to exist for believing that these two series of vessels were not continuous, it was conjectured that the orifices of the lymphatics had their rise in the cellular texture. "*Sæpe mihi* (they are the words of Haller) *successit ut ex eâ telâ radículas vasorum lactiferorum mammæ planè viderim;*" and hence, with the success of Dr. Monro's experiments in injecting the lymphatic vessels of the spermatic chord with quicksilver, "*quod prius in células eas effusum fuit,*" the absorption of lymph, and the fluid in anasarca, he inferred that they originated from the cellular tissue. But when it was found that the lacteals, which at this time were acknowledged as a part of the lymphatic system, could not be injected from the intestines, however distended these might be with mercury, it appeared much more probable that one of the minute lymphatics had been ruptured.\* It is certain, however, that if they do originate from this texture by open mouths, these mouths have never been seen; neither has it been clearly ascertained that the vessels have been ruptured, when these accidental injections have occurred. Cruikshank, one of the most laborious and indefatigable anatomists of his time, confesses that he had never seen them. — "Every effort I have made to detect the orifices of the lymphatics has hitherto been ineffectual." Neither have

\* Mascagni, p. 15. "*Hunterus, Monrous, et Mekelius, xxxx. secuti vasa lymphatica ex celluloso textu repleti videbantur; ita ex eodem ipsorum originem eduxerunt. Hunterus autem maturiori examine et accuratioribus observationibus inductus, existimavit non per extrema vasorum lymphaticorum ostiola ex textu celluloso repleti, sed ex ruptura vasorum laterale.*"

Hewson, Monro, Mascagni, nor any other of the writers upon the absorbents, been more successful. Scarcely more worthy of credit are the accounts which have been delivered respecting the orifices of the lacteals. Asellius has described them as gaping like leeches towards the intestines, "*ad intestina instar hirudinum hiant spongiosis capitulis*," — a description more probably imaginative than drawn from actual observation. Lieberkuhn described them as arising from an "*ampullâ, vel vesiculâ haud ovo absimili*," in the apex of which a small orifice might be detected by the assistance of the microscope. Haller questions the existence of this ampulla. Hewson and Cruikshank; and, we believe, Dr. William Hunter, denied the existence of the ampulla. The first-mentioned accomplished physiologist has, nevertheless, enumerated several anatomists who had seen the orifices of these vessels, of which Ruysch despaired, and even Leeuwenhoeck, the ablest of microscopic observers. Haller has not himself pretended to have observed the orifices of the lacteals; but he relates that he had seen the villi whitish and full of chyle, and that, when scirrhus glands existed in the mesentery and the lacteals were full of a cheesy matter, each vessel could be traced down to its villus, "*vasculum ad quemque villum suum deduci*."

Cruikshank had an opportunity likewise of observing the villi in a distended state. "A woman died in consequence of convulsions after lying-in, about five in the morning. She had been in perfect health the preceding evening, and ate heartily at supper. The lacteals were distended with chyle, which here found a firm coagulum; many of the villi were turgid with the same chyle, and resembled white vesicles." He afterwards gives a more minute description of the villi and their connexion with the lacteals. "In some hundred villi I saw the trunk of a lacteal, forming or beginning by radiated branches." The spongy cavity which Lieberkuhn speaks of, appeared clearly to be the common cellular membrane connecting all the arteries, veins, nerves, and lacteals together. "The orifices on the villi of the jejunum were about fifteen or twenty on each villus, and in some I saw them still more numerous." Mascagni, on the other hand, has never been able to discover these orifices on the villi. Soemmering asserts that he could distinguish from six to ten orifices on each of them; and without enumerating all the discordant authorities on this point, let it suffice to state, that Rudolphi considers them as optical illusions; and Bichat treats all the anatomical hypotheses regarding them with contempt.

Mascagni\* and Prochaska, again, leaving anatomical observation, have indulged in the idea of lateral pores; and by a mechanism of this kind they would explain both absorption and nutrition. It is scarcely necessary to say, that this theory rests on no foundation whatever; it cannot be overthrown, because it relies upon nothing but the opinion of its inventors; it is scarcely possible to be proved, because the processes it attempts to explain are beyond the reach of the human senses.

These, then, are the principal facts and opinions which have been stated respecting the *quo modo* of the first part of lymphatic absorption. It would be almost an insult to our readers to dilate at any great length upon them; but we are compelled to consider, even though shortly, the general value of what has been stated on either side. Do then the lymphatics absorb by open mouths constantly, and only at their origin, or not?

As the lymphatics and lacteals are parts of the same system of vessels, any thing which could be plainly and completely proved of the latter would afford strong presumptive evidence in favour of similar peculiarities distinguishing the former; and in such a case, the failure of Cruikshank in observing the orifices of the lymphatics might be, as he himself has observed, of no consequence: but the fact that the lacteals have open mouths, and that by them absorption is effected, is any thing but proved; for we must here distinguish between experiments to which credit should be given, even though not successful with other experimenters, and mere observations, more especially microscopical observations. In the former case, as was noticed in our first paper, an affirmative is to be credited in preference to a negative, and greatly, because the objects of experiments are not anatomical structure, but living functions, which are so subject to influence from various and unknown causes, that experiments might fail with one individual, without impugning, in the slightest degree, his accuracy or his ability, which might readily succeed in the hands of another. But with observations such as now form the object of our consideration, the case is different. The orifices of the villi are permanent, and should be equally visible to all. To this also is to be added, that the observations were microscopical. Now, whoever is acquainted with the awkward situation in which the late

\* The language of Mascagni on this point, however, is somewhat obscure, and it is not quite clear that he does not attribute open mouths to the lymphatics. Nutrition he decidedly asserts to be effected by "*poris inorganicis*." Prochaska, on the other hand, believes them to be organised.

Dr. Monro was placed by an optical deception, cannot, we think, have much confidence in any fact dependent upon the microscope for its support. That learned and highly intelligent anatomist, it is well known, went so far as to read a paper to the Royal Society of Edinburgh, describing all the structures of the human body as "composed of fibres, inclosing spiral tubes, which run zigzag from one side to the other," which, in a short time after, he himself discovered to be an "optical-deception." For ourselves, we place very little dependence upon microscopic observations; and when, as in the present instance, observers at a distance from each other cannot find the same appearances, we should be very sorry to impose upon ourselves or our readers by deductions which, from the very nature of the testimonies upon which they would rest, must be as unstable as water. As, therefore, no sufficient proof has been adduced that the lacteals absorb by open mouths, "*instar hirudinum*;" as no facts have ever been observed in the lymphatics which render it probable; as, if we reason at all upon the subject, many and great inconveniences must strike us as connected with such a structure and such a mode of operation; and as, on the other hand, no arguments or observations of any moment have been brought forward to prove that these vessels have any other mode of action, we must come to the unsatisfactory conclusion, that nothing certain is known respecting the manner in which they execute this part of their function. We cannot say that they absorb by open mouths, for we have not sufficient evidence; we cannot say that they absorb by lateral pores, because for this we have no evidence at all.

Whatever may be the manner in which the chyle is taken up by the lacteals, it is very certain that it does enter those vessels from the small intestines. The disposition of the valves admits of no hesitation in deciding that the fluid, when once impelled, must move onwards towards the thoracic duct; but we are still uncertain of the powers propelling it, since there is no apparent source of motion, nor are we very intimately acquainted with the inherent powers of the vessels themselves.

Magendie has enumerated, as the causes producing the motion of the chyle, the contractility proper to the lacteal vessels; the unknown cause which effects absorption; the pressure of the abdominal muscles, especially in the actions of respiration, and perhaps the beating of the arteries which exist in the abdomen. Upon some of these particulars we shall now offer a few considerations.

Cruikshank has asserted that the lacteal vessels are muscular, and that, "when touched in one part with oil of vitriol

or other stimulants, they contract through their whole length, as muscular fibres are known to do from such application. It does not appear that he had ever tried this experiment himself, but rather, that he depended upon the authority of Haller, whose observations are very strongly stated. Mascagni has made similar experiments, but with a different result. He could never observe any contraction when mechanical stimuli only were employed. He also states that he had found sufficient contractility for the propulsion of fluids in lymphatic vessels after several years; "*itaque vis hujusmodi quâ lymphaticorum humor impellitur, non solum in cadaveribus post multas à morte horas, jamque frigefactas, perdurat, sed et per annos servatur.*" Hence he attributes elasticity to them only, and asserts their natural state to be, when completely empty, greatly contracted. Bichat affirms, that if they are touched with the scalpel there is some retraction, but that they only contract in their diameters when undistended, and *not* when stimulated. He concludes that their irritability is at any rate very obscure, and bearing a greater resemblance to that of the dartos than ordinary muscular contractility. Béclard says, that irritability or vital contractility is not less evident than elasticity in the lymphatics, although it has been denied by Mascagni and others. If exposed to the air in the living animal, they evidently contract; if the thoracic canal or any other lymphatic vessel, after being tied, is pricked, the fluid issues in jets, as blood flows from a vein, while, after death, it only escapes *en nappe*. It is true, however, that mechanical or chemical stimuli produce no movements similar to those of the muscles; but irritability varies according to the organs. The late Dr. Gordon, in his lectures, was disposed to attribute the motion of the lymph, in great measure at least, to muscular action.

From these contradictory statements, it is only possible to infer a contractility in the sides of the vessels, by which, for the most, the progress of the contained fluids towards the heart is effected. The nature of this contractility, whether the irritability of Haller, the organic insensible contractility of Bichat, or the mere elasticity of Mascagni, seems perfectly undetermined. Of this much, however, we may be certain, that it is not, and cannot be, a simple mechanical action. Absorption is a function of the living body; and however obscure its mechanism, however concealed the modes of its action, it must be clear to every reasoning mind, that no mere mechanical theory can ever explain it.

Of the other sources of the motion of the chyle, we shall only notice the action of the abdominal muscles. M. Ma-



Magendie saw the flow of the chyle, near its entrance to the subclavian vein, always accelerated when the viscera of the abdomen were compressed. We do not feel inclined to discuss this subject very minutely; yet we may be allowed to distrust the assistance from this source under common circumstances. Doubtless, in the lymphatics, as in the sanguiferous vessels, muscular action must occasionally produce some influence, but we believe it to be only occasionally. In the experiment of Magendie, the animal was placed in a state of pain and distress; the muscular action, consequently, would be more strenuous, and its effects more striking. It is true that Mascagni, venerable nomen! has also attributed something to this cause, but he has not given any detail of experiments or observations by which he had been induced to do so. Upon the whole, it appears to us the safest, as also the most philosophical deduction, that the absorbent vessels possess sufficient powers within themselves to effect the progress of their contained fluids.

Such, then, is the unsatisfactory state of our knowledge as respects the function of lymphatic absorption; and it might be contrasted, and perhaps with no slight advantage to science, with the positive opinions which are frequently laid down regarding it in works on pathology. The field appears as open as though it had never been trodden; and though the later physiologists, Bichat, Magendie, and Béclard, have all stigmatised the doctrines that have been published, at various times, as mere groundless hypotheses, we are not inclined to believe that the exposition we have now given will be entirely looked upon as a work of supererogation. It may save some valuable time to future experimenters to know, at once, what has been attempted, and may, perhaps, lead them into a safer and more successful path in the elucidation of the question.

Our task respecting venous absorption is comparatively easy—not, indeed, that even here we can arrive at very certain deductions, but that the experiments have been, upon the whole, more defined, and the results more carefully ascertained.

The only opinions of the older physiologists upon the origin of venous absorbents with which we are acquainted, attributed the same structure and action to these as to the imaginary lacteal orifices, viz. that there were open mouths terminating in the intestines, and other cavities of the body, and the cellular membrane. Great reliance was placed upon the experiments of Kaaw Boerhaave, which Mascagni, however, explains away by attributing the presence of water in the veins to transudation. “Non in venarum cavum dicen-

dum est ex absorbentibus, quas fingunt radiculis permeasse, sed per tunicarum poras penetrasse." Professor Meckel also injected veins from the vesiculæ seminales; but the investigations of Mascagni would throw some doubt upon the accuracy of the former anatomist. It may, however, be observed, that the later researches of Gmelin and Tiedemann, and the ample proof which they have adduced of a communication between the mesenteric glands and the vena portæ, add considerably to the probability of a similar communication existing in the vesiculæ seminales. Whether, however, such communications can be regarded as absorbent orifices, is a question which has never yet been determined, and which it is not very easy to decide. Under any circumstances, it does not appear very probable that the veins usually absorb by open mouths.

M. Magendie, from some experiments with the Java poison, which he found to act more slowly upon animals when the veins were distended more than usual, either with blood or with water, was induced to imagine that absorption might be the consequence of the capillary attraction of the vascular parietes for the absorbed matters, and he proceeded to put this idea to the test of experiment.

He took the external jugular vein of a dog, and attached to each end of it a glass tube, by means of which he could establish a current of warm water through its interior. He then placed the vein in a slightly acid liquid, and carefully collected the fluid of the internal current. For several minutes there was no change in the collected fluid, but after five or six minutes the water became sensibly acid. He obtained similar results with a carotid artery, taken from a dog that had died the same morning. He next proceeded to try the same experiment upon the living animal. The jugular veins of a dog six weeks old were exposed and isolated through their whole length, deprived of the cellular membrane and the small vessels which ramified upon them, and placed upon a card, that they might have no contact with the surrounding parts. A thick aqueous solution of the alcoholic extract of the nux vomica was dropped upon its surface, with such care that nothing could be touched by it but the card and the vein. Before four minutes had elapsed, the expected effects supervened, at first feeble, but afterwards so marked as induced M. Magendie to prevent death by keeping up artificial respiration. Similar experiments were made upon the carotid arteries of rabbits, and with similar results. That the effects related by M. Magendie did really occur, we have certainly no right to deny; but the circumstances in which the vessels were placed are so very different from what

exist in the natural connexions of the parts, that we do not see how it is possible to arrive at the conclusions which this physiologist is inclined to do, viz. that "there is a physical property possessed by the parietes of the arteries and veins, which perfectly explain the principal phenomena of absorption." In the one instance, the experiments were made upon vessels separate from the animal, and, of course, neither possessing nor capable of exhibiting peculiarities which probably appertained to them in the living body. In the other, the vessels were denuded; many vasa vasorum must have been cut across; and as the blood must have circulated, and how far we must ever remain ignorant, the presence of the bitter taste of nux vomica in that which remained adherent to the vessel, cannot be received as an unexceptionable proof of the poison having passed through *inorganic pores by capillary attraction*.

M. Fodéra, again, has endeavoured to prove the aphorism of Hippocrates. "Aspirabile totum corpus, tam foras quam intrò."

He has reversed Magendie's experiment, and inserted a poisonous substance, with the necessary precautions, into a portion of artery comprised between two ligatures, and isolated from its cellular texture its lymphatics and its *vasa vasorum*,\* and the poison exhibited its common effects. The same result was obtained by filling a portion of artery or vein, or a fold of intestine, and placing them in a wound or in the abdominal cavity of another animal. If, again, an artery or vein of a living animal is exposed, effusion is observed to take place across their parietes. *Circumstances not well determined render this effusion more difficult upon the living than upon the dead body.* He injected into the left cavity of the chest of a live rabbit a solution of prussiate of potash, and in the peritoneum a solution of sulphate of iron. He kept the animal lying on its left side for three quarters of an hour, and then opened the animal. He saw the tendinous part of the diaphragm stained with blue; the muscular part was much less so, and only in isolated places. The sub-sternal lymphatic glands were also blue; the thoracic canal contained a bluish liquid; the peritoneal membrane of the stomach and the duodenum were sprinkled with spots of the same colour, but these were less visible upon the remaining part of the digestive canal and the arteries. The lymphatic ganglions of the mesentery, the suspensary ligament of the liver, and the epiploon, were also blue. Many of the small sub-

\* We should like to know how this was managed!

peritoneal veins exhibited a light blue appearance, from the liquid contained in their interior. Twelve hours after, the blue colour of these different parts was much more intense. From these and similar experiments, M. Fodéra concludes that exhalation and absorption are effected by transudation and imbibition, and depend upon the capillarity (we must be permitted to coin a word) of tissues, and that these two phenomena may go on in all parts, and that the fluids which are imbibed may be carried equally either by lymphatic vessels or by arteries and veins. We ought, however, to mention, before concluding our account of M. Fodéra's experiments and opinions, that he imagines this imbibition—this mechanical transudation—to be influenced by the nervous influence, surrounding agents, plethora, &c. There is evidently much inconsistency in supposing a mere mechanical process to be either promoted, retarded, or modified, by any of the vital functions.

We have now to consider how far M. Fodéra's deductions are borne out by his experiments. To those which have been merely reverse experiments of Magendie, the same remarks which we have made respecting the experiments of the latter may be applied. We should be very loath to rely upon them; nor can we say that, in our opinion, his other experiments completely support his inferences. It appears that he found the blue fluid in the lymphatics and the thoracic duct, as well as upon the tendinous part of the diaphragm, &c. It is also true that the blue spots were not continuous, but were detached and separate stains. Before, however, we can admit, with our knowledge of the lymphatic system, that mere imbibition has taken place, we ought to be able to prove (we do not here mean by mathematical demonstration, but moral probability,) that the lymphatics are not sufficiently numerous in these situations to explain the phenomena. This, however, after looking at Mascagni's plates, and knowing that Cruikshank had demonstrated "some hundreds of lymphatics upon the upper surface of the diaphragm," appears to us impossible. When, again, we reflect also that the bile readily transudes and stains the neighbouring parts in the dead body, yet never even is visible upon the external surface of the gall-bladder in the living body, and that phenomena of this kind have been so frequently observed, that it is become an axiom in physiology that transudation can only occur after death, more unexceptionable experiments than have yet been afforded are required, in our opinion, before we can admit a doctrine so contradictory to all prior observation. It is true that the account of Fodéra's experiments which we

have at present, has not been published by himself: his own statements may, perhaps, be more confirmatory of his deductions.

The result, then, of all the investigations which have hitherto been made is merely this, that we only know the instruments of absorption, and that all is mere conjecture respecting the manner in which it is executed. Vain, however, as every attempt has hitherto been, we are not inclined to discourage future research, even into the most intimate and obscure parts of the process; for there are so many diseases evidently dependent upon irregularities either of this function or of secretion, that every thing that can, in the most distant way, tend to elucidate their source or promote their cure, ought, we think, to be received not only with attention, but with gratitude.

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## II.

*Cases illustrative of the Effects of the Flores Colchici Autumnalis in Disease.* By THOMAS BUSHELL, Esq., Member of the Royal College of Surgeons, London, Member of the Westminster Medical Society, &c.

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THE colchicum autumnale has of late years engrossed no inconsiderable attention from the medical Practitioner. It has been by some highly extolled for its powers, while by others it has been condemned as a most dangerous and uncertain remedy. Many valuable communications have been published in the different journals on its efficacy in disease; but I am disposed to think that it has not undergone that thorough investigation which should satisfy us what are its chief remedial virtues, and what are the states of morbid action in which they may be beneficial. That it is an extremely valuable article in our *methodus medendi*, and that it possesses also most virulent and dangerous qualities, cannot be denied; but under the same objection lie digitalis and many others of our active vegetable substances. Experience has, in some measure, made us acquainted with most of these, but we have still much to learn regarding the colchicum. With the hope of assisting in this, I have thought proper to trouble your readers with a few observations on the properties of a particular part of this acro-narcotic vegetable, — “the flowers” — to which you were the first to call professional attention.\*

\* Mr. Frost, the able lecturer on botany at the Royal Institution, had the kindness to direct our attention to the medical use of the flowers of colchicum, and

The preparations of the colchicum in medical use may be almost stated to be multifarious; we have the tincture, wine, and vinegar, of the recent and exsiccated bulb—of the seeds—the extract of the vinegar of colchicum, &c. &c. I have had much experience of these preparations; but I am free to confess that the flowers possess every influence that can be desired of them. I shall proceed to the relation of a few cases, which will best demonstrate their effects in diseased action, or at least satisfactorily prove that they exert some degree of power over the various functions of the human body. I am desirous that they should be considered in the light of mere practical cases taken from my notebook, and with that view I will refrain from making any comments upon them.

CASE I.—*Acute Rheumatism.*

Mrs. Henny, aged fifty-three, is liable to attacks of this disease, which generally confine her to bed for weeks. She has now pain and swelling of the whole of her joints, with incapacity for motion; her pulse 100, small and quick; tongue furred; bowels open.

℞ Tincturæ Florum Colchici, f. ʒj.

Aq. Puræ, f. ʒxj. M. Ft. haust. 6tis horis capiend.

December 10th. — Easier: bowels have been purged eight times.

Capiat tincturæ f. ʒss. ut antea.

11th. — The pain is now chiefly confined to the muscles of the back of the neck; bowels have acted three times.

13th. — Very much better; the knee-joints are the only parts in pain. The bowels are sharply purged; pulse 90.

Perstat in usu tincturæ.

14th. — Mrs. H. is perfectly free from pain; the medicine is producing many watery evacuations, with griping, &c.

℞ Confect. Opii, ʒij.

Aq. Menthæ Piper. f. ʒviij. M. Sumantur cochl. duo 4tâ quâque horâ.

16th. — Quite well.

27th. — Mrs. Henny, the subject of the above case, was again

to send us a considerable quantity of a wine, tincture, and vinegar, prepared from them. Of these we immediately made numerous trials, both in public and private practice, and stated the general result at page 541 of the 18th Volume of this Journal (Old Series). As we were desirous that the fact of the superior utility of the flowers of colchicum to the other parts of the plant should rest upon more evidence than our own, we requested Mr. Bushell and another Practitioner, whose professional zeal and abilities we had frequent opportunities of observing and approving, to put it to the test of their experience. The very judicious discrimination of which we knew these gentlemen to be possessed, assured us that whatever account they might give of the powers of this part of the plant could be implicitly relied on by the Profession.



seized yesterday (after exposure to cold) with all her previous symptoms in an aggravated form.

R Tinct. Flor. Colchici, f. 3j. 6tâ quâque horâ.

29th. — Easier; considerably purged by the medicine.

R Tincturæ, 3ss. ut antea.

30th. — Very much better, excepting the right arm; bowels still purged.

R Tinct. Flor. Colchici,  
Tinct. Hyoscyami, āā m xv.

Aq. Puræ, 3iss. M. Ft. haust. ter die sum.

This draught was taken during four or five days, keeping up a pretty sharp action on the skin and bowels: at the end of this time she was reported quite recovered.

#### CASE II.

Mrs. Tallman, thirty years of age, has been labouring under rheumatic inflammation for the last ten days, which is now considerably on the increase (December 14th, 1824). She has much tenderness and swelling of the wrists, elbows, knees, &c.; and she states that the pain is excruciating if pressure be applied to the soles of her feet. She took last night a dose of Epsom salts, which has operated on the bowels twice. Her pulse is 96, full and hard.

R Tinct. Florum Colchici, f. 3iv.

Aq. Puræ, f. 3vss. M. Fiat mistura, cujus capiat  
4tam partem 5tis vel 6tis horis.

December 15th. — The pains are (to use her own words) most surprisingly relieved. The medicine has produced much nausea; has acted once on the bowels, but most copiously on the kidneys; the urine passed has been abundant; and during the night the inflamed joints were bedewed with perspiration.

Rep. mistura cum tinctur. f. 3iiss.

16th. — Much better; the pain and swelling confined to the elbows.

17th. — Quite well.

#### CASE III.

December 16th, 1824. — Miss L. Marshall has fever, nausea, and general uneasiness. This is accompanied by an inflamed state of the muscles of the back of the neck, indicated by much pain (increased by motion), tenderness, and tumefaction. Pulse 80; tongue white; bowels regular.

R Tinct. Flor. Colchici, 3j.

Aq. Puræ, 3iss. M. 6tis horis sumend.

17th. — Considerably easier; secretion of urine increased.

Perstat in usu haustûs.

18th. — Well. The medicine seems to be producing a most decided influence on the vascular system. Her pulse, which was free, is now scarcely to be felt. It has also produced nausea, but no action in the bowels.

CASE IV. — *Chronic Iritis.*

John Clark, aged twenty, had about six months since a chancre on the penis, for which he took pills regularly for a fortnight: these made his mouth sore; during which time the ulcer became much better, but did not heal. He then left off medicine for a month, when he again began to take pills on account of the genital defecation becoming worse: after taking them about three weeks, his mouth was affected, and continued so nearly a fortnight, and the sore got well. He remained well for about five weeks, when the cicatrix again ulcerated, for which he took pills a fortnight; these did not make his mouth sore, but the ulceration healed. Soon afterwards, his eyes became bad, and he was troubled with pains in his knees.

December 12th, 1824. — The following is his present condition: — The pupil of right eye contracted and irregular; iris discoloured, with intolerance of light; membranes and ciliary circle turgid with blood-vessels; pupil of left eye also irregular; considerable pain in the head.

℞ Aceti Florum Colchici, f. ʒj. 6tis horis capiend.

Extr. Belladonnæ omni mane superciliis applicetur.

13th. — The bowels, which had been previously costive, have been freely acted on three times.

Cont. in usu aceti.

14th. — The intolerance of light is less; bowels much purged.

15th. — The pain in his head has entirely gone, and he can bear the light without inconvenience. The iris is clearer. The bowels were purged six times yesterday.

℞ Tinct. Flor. Colchici, f. ʒss. 6tâ quâque horâ.

Vin. Opii in oculis instill. et Extr. Bellad. superciliis.

16th. — The eye, in every respect, is considerably better. The medicine has purged six or seven times, and nauseates.

Contin. omnia.

18th. — Quite well.

Vin. Opii in oculis instill. semel in die. ℞ haust. tonic. bis quotidie.

CASE V. — *Rheumatism.*

Mr. Cawthorn has been labouring under almost monthly visitations of rheumatism, which have confined him for a week or ten days to his bed. His first attack, about six years since, was severe; it came on from sleeping in a damp bed. His succeeding attacks have been so frequent, as nearly to disable him from his duties as a butler. He has been in the habit of taking the vinum radices colchici, which has always relieved him. Latterly, it has ceased to exert those active effects on his stomach and bowels which it did at first.

December 15th, 1824. — He has now pain in various joints, and

walks lame from its severity in his right ankle. His pulse is 90; bowels regular; and tongue white.

℞ Tinct. Flor. Colchici, f. ʒj.

Aq. Puræ, f. ʒiss. 6tis horis sum.

16th.—Pains the same; medicine has produced two motions, and nauseates.

Perstat in usu haustus.

17th.—Very much better; quite free from pain; the medicine has acted on the bowels twice, and still nauseates.

Sumat guttas xl. tincturæ ter die.

18th.—Was seized with violent pain in the lumbar region during the night (it still continues).

Persistet guttis.

21st.—Completely relieved, and much better than he has been for some time.

#### CASE VI.

December 21st.—Mrs. —, fifty-two years of age, has considerable pain and tenderness of the right shoulder and arm, with inability to raise the least weight, or to use motion; pain also in the small of the back. These symptoms are of ten days' duration, and are increasing. Pulse 80; tongue white; bowels regular.

Habeat Tincturæ Flor. Colchici, f. ʒj. 6tis horis.

22d.—No relief. The medicine has produced a most decided effect on the skin and kidneys: the perspiration and urinary secretion are very abundant.—Contin.

23d.—Shoulder free from pain. The medicine still acts on the kidneys and skin, but not on the bowels.

24th.—Free from pain; bowels purged four times this morning.

Capiat Tinct. m̄xv. 6tis horis.

28th.—To discontinue the drops; her bowels have been much purged for the last three days.

I could adduce, were it necessary, many other cases in which the preparations of the flowers of colchicum were administered with the most satisfactory results. I have seldom found that they have not exerted a very powerful influence on the nervous and vascular systems. Pain has been allayed, the force of the pulse has been diminished, and the secretions, in general, have been materially augmented. A medicine possessing these properties cannot be without its value in the treatment of disease. It may certainly be said, we have the root and seeds—what need have we of the flowers? I should answer that the seeds were introduced as possessing all the powers, but being more manageable than the root; and for the same reasons, I am disposed to recommend the flowers as the most efficacious, certain, and tractable, of the three.

I shall not trespass longer on your valuable pages; but before I conclude, will trouble your readers with a few remarks on the best mode of preserving the flowers for medical use, and on the proportions for the different formulæ I should recommend. The *colchicum autumnale* produces its pale blue flowers in the month of September. They possess the acro-narcotic odour, and contain a considerable portion of acrid mucilaginous juice, which renders them difficult to dry; not only the petals, but the whole flower-tube (which is long) should be gathered for use. The dried flowers should be excluded from air and moisture, as they lose their colour and become damp. I have made the tincture in the following manner:—

R Flor. Colchic. exsiccata. et contusa. ʒj.

Spirit. tenuioris octarium unum.

Macera per dies septem, tunc exprime et cola.

The wine and vinegar in the same proportions.\*

Crawford Street, Portman Square.

### III.

#### *On the Treatment of Scrofulous Ulcerations, &c.*

By A. RENNIE, Esq., Surgeon, &c.

AMONG the various topical applications in cases of scrofula, that have been, from time to time, suggested, I am inclined to believe that the efficacy of plasters, containing certain stimulating ingredients, has not been sufficiently appreciated. I allude, in particular, to applications composed of pitch, which, in numerous cases of indolent scrofulous ulceration under my own immediate observation, have been productive of decided and permanent benefit; insomuch, indeed, that open ulcers, of a very obstinate and intractable description, have immediately assumed a healthy character, and speedily cicatrised.

Having witnessed, in several instances, the beneficial effects of pitch as a stimulating and detergent application to foul and indolent sores of this description, it seemed to me that this substance might be conveniently formed into a plaster of such consistency as to combine pressure with the peculiar qualities of the pitch;† and that this form of appli-

\* Mr. Butler, the herbalist, in Covent Garden, has two or three pounds of the flowers.

† That pitch possesses peculiar qualities in respect of scrofulous ulceration, seems to be indicated by various concurrent observations:—the beneficial

cation might be useful in counteracting relaxation of texture, in supporting loose and incoherent granulations, and in promoting absorption of indolent tumours.

Pressure in indolent scrofulous sores has been recommended, particularly by Burns and other judicious surgical writers, undoubtedly on the soundest principles. It has, however, appeared to me, that the common adhesive plaster is very unsuitable to the purpose. By being spread on calico, it is apt to exude through the pores when heated; and when cooled it becomes stiff, hard, and unyielding, and is thereby liable to irritate the ulcerated surface. Pressure, in order to be beneficial, ought to be perfectly equable; and for this purpose, the plaster with which it is effected, besides being free from all inequalities of consistency, ought to retain a certain degree of softness and pliability, at the ordinary temperature of the part.

In tumours, as well as indolent and relaxed superficial ulceration, it is not so much pressure as compressure that is efficacious. Plasters, used with this view, ought to possess adhesiveness, as well as tenacity, in the greatest possible degree.\* The substance on which they are spread ought to be perfectly soft, pliable to a certain degree, elastic, and of such thickness and consistency as not to imbibe the ingredients of the plaster. In applying narrow strips of adhesive plaster, overlapping each other on the surface of relaxed and disordered texture, a degree of irritation is liable to occur, however carefully the pieces are adjusted. By using soft white leather, shaped in one piece, so as completely to cover the sore, this disadvantage is obviated.

The following compositions, after experimental trials made at my suggestion, † have been found to combine, in the greatest perfection, the requisite qualities as above described:—

I. *Medium.*

R Picis Nigræ, p. j.  
 — Liquidæ, p. iss.  
 — Resinæ, p. ij. M. ft. emplastrum.

effects derived from tar-water; from fumigation with tar and resinous substances in phthisis; as well as the results now noticed, as arising from its application externally. This evidence, though not decisive, is enough to stimulate to farther observation.

\* Where dispersion of a tumour is the object, level pressure, perhaps, is the more advisable. Where it is desirable to induce suppuration, soft compressure, so as to occasion a degree of suction towards the apex, is more proper, as tending to concentrate the supplicative action towards a point, and limit materially in extent the solution of texture.

† By Messrs. Waugh, Chemists, Regent Street.

II. *Soft.*

℞ Picis Liquid. p. iss.  
 ——— Nigr. p. j.  
 ——— Resinæ, p. j. M. ft. emp.

III. *Hard.*

℞ Picis Liq. p. iij.  
 ——— Resinæ, p. iv. M.

IV. *Solid.*

℞ Picis Nigræ, p. ij.  
 Emp. Resinæ, p. j.  
 ——— Cere, p. iij. M.

To be heated and spread at the time of application, not, however, too thinly. The best thickness seems to be from one to two lines.

However inelegant these compositions may appear, I have it in my power to say that I have seen more decided and permanent effects from their judicious application in scrofulous cases, than from any other topical means whatever.

The following is one case selected from a considerable number:—

E., a female, aged seven, of scrofulous parents. There was an indolent livid tumour on the left cheek, of the size of half a pigeon's egg, connected with the integuments of the jaw-bone, and of about a year's standing. On the radius of the left arm exteriorly, about an inch and a half beneath the elbow, there was an indolent ulcer one inch long, by which the integuments were deeply eroded to the bone. The right elbow-joint was much and permanently enlarged, hard, and anchylosed, with three deep ulcers—one at the head of the ulna interiorly—another exteriorly, opposite the insertion of the triceps extensor—a third interiorly, towards the top of the radius. Three inches below the elbow, and interiorly, on the fore-arm, there was a sinuous ulcer opening into a cavity of an inch and a half diameter, situated deep in the integuments betwixt the ulna and radius, from which a thin serous fluid, mixed with flakes of the usual curd-like formation, issued. The other ulcers had continued open, discharging matter, for eight or nine months, and several glands above the elbow-joint interiorly were considerably enlarged.

The general health in this case had suffered much: the tongue was furred; the bowels irregular; the alvine excretions offensive and unhealthy; and the abdomen tumid; with general languor and debility.

By the advice of an eminent Surgeon, who had been consulted from time to time for eight or nine months, the child



was taken to the sea-side in summer, recommended sea-bathing, to keep the sores clean with sea-water and poultices, to live well, and to be much in the open air.

Minute doses of calomel, frequently repeated, and powders composed of calumba, had been given.

The parents were apprised that the case must be left, in a great measure, to nature; that with the growth of the constitution the disorder would in a few years subside. Nearly three months having elapsed at the sea-side without any decidedly favourable result, a change of treatment was judged expedient. These circumstances are detailed chiefly to shew the decided and obstinate character of the case.

My opinion being requested, I directed the plaster (II. soft\*) to be applied to all the sores, and also to the tumour on the cheek. The plasters were moderately heated, and being strongly adhesive, were firmly and closely drawn over the surface of each sore, not excepting the excavated ulcer, over which a compress was placed. Calico bandages were added. The dressings were renewed each fourth day. The sores almost immediately commenced a healthy granulating activity, and within six weeks were completely cicatrised. The tumour on the cheek within a few days suppurated; and by the continued application of the plaster, the edges gradually approximated, and the cicatrix was very small.

During the topical applications, an active aperient was prescribed every fourth night, consisting of—

℞ Hydr. Submur. gr. ij.  
Pulv. Rhei, gr. x.  
Magnes. ustæ, gr. viij. M. ft. pulvis noctibus  
quartis capiend.

℞ Potassæ Tartr. ʒij.  
Infus. Sennæ (Sat.), ʒj.  
Aq. Anethi, ʒvj.  
Tinct. Sennæ Comp. ʒij.  
—— Card. ʒij.  
Syr. Zingiberis, ʒiv. M.

Ft. mistura; capiat cochl. amplum auroris posteris; horis tertius repetend., donec alvus plenè responderit.

The cold bath was discontinued, and the child clothed in thin flannels and woollen stockings.

With regard to constitutional treatment in cases of scrofula, I may be allowed to remark, that in my experience the exhi-

\* After the ulcers became less irritable under this application, the more solid (I. medium) was used.

bition of calomel in minute doses, frequently repeated, a practice recommended by some eminent Practitioners, is an inefficient and, indeed, unsuitable method of procedure. The mercurial, not being in doses sufficiently active to carry itself off or clear out offending matter, remains in the system, exciting the mercurial irritation; and notwithstanding a protracted course, accumulations of morbid faecal matter are frequently found to exist. The exhibition of tonic remedies, along with what are called alterative mercurials, is calculated materially to aggravate the evils.

It appears to me that the greatest benefit is derived from calomel, when prescribed in adequate doses to excite considerable activity both of the secreting and peristaltic functions, and followed, within eight to twelve hours, by such other aperients as completely to evacuate the intestinal canal.

This active operation will not bear to be repeated oftener than once in four to six days. One advantage is gained by delay, that the constitution has time completely to recover from the mercurial irritation and the depressing effect of copious evacuation, whilst morbid accumulations are sufficiently obviated.

So long as the discharges continue unhealthy, perseverance in aperient measures is the chief indication. To obviate unpleasant effects from the continued use of active mercurials, it is advisable, after the few first repetitions, to interpose mild doses of rhubarb and soda, or magnesia, prescribing mercurials only once in six to twelve days, as occasion requires.

It is advisable to administer mercurials only in mild, and especially dry weather. The importance of this remark has been fully exemplified during this last year, 1824,—perhaps, on the whole, the most moist, rainy, and variable season within memory. The greatest inconvenience has been complained of, in general experience, from the use of calomel, the most cautious doses being frequently found to occasion violent tormina and tenesmus, in a manner so capricious as no foresight could anticipate. Such an unaccountable effect has induced a pretty general suspicion of some error in the preparation of that medicine. This supposition I believe unfounded: indeed, by trials purposely made, I have observed the same parcel produce different effects on different constitutions, and on the same individual at different periods; and have been led to ascribe the distressing effects sometimes experienced, in a great measure, to the degree of atmospheric moisture. This inference has been supported

by observing precisely similar effects from pil. hydrarg., and even mercurial inunction, under similar circumstances, at the same periods, and on similar changes of the weather.

The abdominal distension occurring in debilitated scrofulous constitutions appears to proceed, in many cases, principally from relaxation and distension of the muscular texture of the alvine viscera. It is on the power of counteracting this condition that the efficacy of tonic remedies seems to depend.

In judging of the proper indications for the exhibition of tonics, it is requisite to estimate aright the causes whence proceeds that relaxation they are intended to restore.

It appears to me that the distension of the alvine viscera in question is dependent, in a great measure, on a peculiar disordered condition of the hepatic functions, consisting not of acute inflammatory action, nor of permanent alteration of structure, but of vascular congestion and inactivity of the vital functions, dependent on diminished vital power, together with suspended, irregular, or depraved biliary secretion.

It is on the power of correcting this condition that the beneficial effects of mercurials depend; and in most instances the consequent tumidity of the abdomen subsides on the removal of the cause, as a matter of course.

That a depraved condition of the alvine secretions, and accumulations of morbid and irritating products, arising from undigested food or retained faecal matter, are associated with, and contributive to, the disordered functions of the alvine viscera in question, is a fact well established.

So long as either of these sources of disorder continues uncorrected, as indicated by coated tongue, tenderness in the epigastric or hepatic region, distension of the abdomen, deficient peristaltic activity, or unnatural alvine discharges, tonic remedies are inadmissible. These indications are noticed particularly, not because they have not been hitherto recognised in principle, but because not a few instances have met my observation in which tonic remedies have been prematurely and injudiciously recommended — an error proceeding, in a great measure, from want of due attention to the indications for their use.

Notwithstanding the general debility so invariably attendant on the scrofulous state of the constitution, I am convinced that the administration of this class of remedies is much seldomer advantageous than is perhaps supposed. On the restoration of healthy hepatic and alvine functions, it is surprising how speedily the youthful constitution regains vigour, and every symptom of debility and relaxation disap-

pears. As conducive to this effect, the sedative and invigorating influences of pure air, moderate exercise, equable and warm clothing, and generous diet, are unquestionably of the first importance. Where these requisites are possessed, tonic remedies are less necessary; and where these advantages are not enjoyed, they frequently do more harm than good.

The benefits to be derived from the tonic system, with invigorating diet, are not unfrequently lost by pushing them farther than the constitution can bear. When the alvine and hepatic functions have been much and long disordered, there is always a great tendency to relapse on discontinuing alteratives and evacuants; and if, in such circumstances, tonics and full diet happen to be persevered in, biliary and fæcal accumulations, fever, oppression, and debility, are the natural consequences.

This result may be obviated by delaying the tonic system till a due course of evacuating measures has effectually restored healthy alvine functions, and thereafter by exhibiting tonics and invigorating diet in very short courses.

The system generally found most suitable has been to administer an alterative mercurial every sixth night, and a full purgative next morning; for two days thereafter tonics; the third evening or morning a mild aperient of rhubarb, with alkali or magnesia; then tonics for two days, or, at most, three: after which, the alterative and purgative as before.

Perhaps the sulphate of quinine possesses more power in allaying irritability, and counteracting that febrile diathesis depending on stomachic atony, than any other tonic at present known. Under its use the pulse is seldom accelerated, but rather diminished in frequency and increased in tone; nor does there ensue from its use that gastric tightness and oppression, with headach and costiveness, which so frequently attend the administration of bark in substance, or gentian, quassia, and other bitter tonics. Combinations of the sulph. quininæ with aperients, aromatics, camphor, or ipecacuanha, may be advantageously adapted to existing circumstances.\*

In regard to the topical treatment of scrofulous sores, the plasters applied may vary in consistence, according to circumstances and the degree of compression requisite. Where there is much obstinate foulness of surface, one or two dressings with ung. hydr. nitr., or ung. hydr. nitr. oxydi,

\* In the hectic of phthisis, I have prescribed the sulph. of quinine with the best effects in counteracting the fever and perspirations, and restoring the general vigour, in combination with sulphuric acid, camphor, and vin. ipecacuanhæ.

generally suffices to restore a clean, red, and granulating surface: immediately after this is effected the compressing plasters should be renewed.

Too frequent change of dressings, excepting where the discharge is offensive and copious, is seldom advantageous, appearing to disturb the granulating and cicatrising process. Once in from two to six days may be proper, according to circumstances.

The soft pitch plaster, applied to indolent scrofulous glands, is the most speedy and effectual method I know of inducing a healthy and circumscribed suppuration, without that relaxation of texture and consequent indolence of healing action which attends the use of fomentations and poultices. In not a few instances under my immediate care, tumours of considerable size have been in this way discussed, and in others brought to terminate in a small central abscess, which ultimately, by attentive compressure, has healed up with a cicatrision scarcely perceptible. In the first stages of tumefied glands, where there is much heat, redness, tenderness, and tension, leeching and evaporating lotions, with active constitutional treatment, are had recourse to. If by these means the tumours are not reduced, and wherever they have a tendency to assume the chronic character, level pressure with the firmer adhesive pitch plasters is used with the view of discussion. As soon as this appears impracticable, and suppuration unavoidable, the softer plasters of pitch are applied to induce a speedy and limited suppuration, and seldom fail.

In various hopeless cases of scrofula of the knee-joint, I was induced to try the present application. At first, I proceeded with much caution, doubtful how far the stimulating effects of the pitch might not induce inflammatory action. In no instance has this result ensued.

In the first case I made the application very partially, covering four inches of surface on the exterior of a knee-joint very much enlarged, of two years' standing, and rapidly making inroads on the constitution of the sufferer, a child about the age of six. Several eminent Practitioners, who had been consulted, had expressed their opinion that no hope existed excepting in amputation. Within eight days after the application, a suppurating abscess formed on the part, of a healthy aspect, without irritation or uneasiness. The discharge was considerable, the surrounding integuments subsiding to a level; and within two to three weeks, the ulcer had cicatrised over, the integument appearing to have contracted from adhesion to the parts beneath, insomuch that the part could be handled without pain.

The remainder of the knee was now covered with the plaster, and compressed as tightly as could be borne. The size, in a short period, was very much reduced; the extreme tenderness so much alleviated, that the child could make more use of it than for many months previously. Here the case continued stationary some weeks. At this period, from a slight twist of the knee, the aperture of a sinuous ulcer of old standing, beneath and in front of the patella interiorly, began to discharge some blood, which gradually changed into sanious matter, evidently from the disorganisation of the bone. The health, from change to a town residence and confinement, began also to decline, and the result, as might be expected, is not likely to be favourable.

In this case, enough transpired to shew that this application to the scrofulous knee-joint is, at least, free from any danger of inflammation; and as the livid unhealthy hue of the old ulcerated aperture was speedily converted into a bright, red, and healthy aspect, with evident amelioration of the discharge, there is reason to regard this mode of treatment, uniting the superficial stimulus of the pitch with mild equable compression, especially if applied early, and combined with every possible advantage, as meriting more extensive trial.

Nearly the same application, indeed, was made in one other case, in which the result was as favourable as might be desired. The knee-joint was regarded as so much disordered, that amputation was considered to be the only remaining resource. The case, however, ultimately recovered, with an anchylosed joint.

Of a very considerable number of cases of a more simple description, consisting of scrofulous ulceration and tumours, some of which were of long standing and extremely intractable, these applications have been uniformly and decidedly beneficial: indeed, not one case has hitherto occurred in which, with adequate constitutional treatment, the sores have not been, in a comparatively short period, entirely cicatrised.

The permanence of the cure depends, of course, on the favourable circumstances in which the patient is subsequently placed, and on the efficacy of the constitutional remedies adopted. In some few cases, from slight causes, the sores began again to discharge; and from the low vitality of the cicatrised surface, rapid extension of the ulceration naturally ensued. In all of these cases, recourse to the constitutional and topical measures, as formerly, was found successful.

One great advantage derived from the careful compressure of an ulcerated surface by these plasters, is the prevention of deformity after the parts are healed. In most of the cases



where the plasters have been applied with care and assiduity during the cicatrising process, the scars are very trivial.

These results have been sufficiently numerous and striking to induce me to suggest to more general experience the means, simple as they are, by which they have been effected.

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*Note.*—The following case of hydrocele may be worth noting, as exemplifying the sorbefacient powers of moderate equable compressure, combined with superficial stimulation and mercurial influence.

In this case, the disorder commenced with heat, pain, hardness, and enlargement of the right testicle. It had continued gradually increasing in size for about two months. When I first saw it, the testicle was at least three times the natural size. The tumour was egg, or rather pear-shaped; the swelling extending up the course of the spermatic cord, and perceptibly diaphanous. The tunica vaginalis was extremely tense, with distinct responsive undulation from opposite points of contact. In the existing state of distension, heat, and tenderness, six leeches were applied with considerable relief; after which, a refrigerant lotion for two days.

The inflammatory symptoms having subsided, the parts could be examined more freely, so as to confirm the decided character of the affection. A plaster was applied, so as completely to envelope and closely grasp the whole tumour, consisting of the softer pitch plaster, in union with mercurial ointment, directing, at the same time, suspension.

By this continued application, renewed each third day, the tumour was perceived gradually to soften, the fluctuation to become more distinct, and its size to decrease. At the end of four to five weeks, it was reduced to the natural dimensions.

The only constitutional treatment was an occasional mercurial purgative.

In this case, the effect may perhaps justly be ascribed, in a great measure, to the mercurial; but somewhat is unquestionably due to the acknowledged influence of pressure. At all events, friction being inadmissible, the present mode of applying the ung. hydr. is perhaps the most eligible that could be desired in such a case — as, indeed, seems to be confirmed by the result, whatever be the explanation.

Hertford Street, Mayfair, 2d February, 1825.

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## IV.

*Case of Hydrocephalus.\** By HENRY DAVIES, M. D.,  
Member of the Royal College of Physicians, Physician to  
the Brownlow Street Lying-in Hospital, and to the Western  
Dispensary for Lying-in Women, &c.

J. C., a male child, was born May 1823. His mother having no milk to support him, he was placed with a wet nurse for six months, after which he throve apparently very well till November; but his appetite was generally ravenous, and he fed largely. In December, he had an attack of diarrhoea and occasional vomiting: these symptoms were relieved by two or three doses of the submuriate of mercury and cretaceous mixture. Early in January 1824, he had another bowel complaint, accompanied by fever, with slight convulsions; some appearance of teething, and cerebral derangement, characterised by extreme irritability and restlessness; inability to hold up the head, moaning, and knitting the brows; he also had a short cough and dyspnoea.

The inflammatory symptoms were apparently relieved by the application of leeches to the temples and mastoid processes; by purgatives of calomel, saline aperients, an emetic, a blister to the nape of the neck, and evaporating lotions to the head. The child, however, became weak, moaned constantly, lost its sensibility, and its head enlarged; the sagittal suture expanded from the root of the nose to the vertex; the anterior fontanel was from two to three inches in diameter, and the coronal suture expanded also to some extent. Several tumours formed at the base of the occiput. The pulse was excessively quick, and the child had no inclination for food.

R Hydrargyri Submuriatis, gr. ij.

Pulv. Digita'is, gr.  $\frac{1}{4}$ . M.

Ft. pulv. quartâ quâque horâ capiendus.

Ung. Hydrarg. fort. ʒij. to be rubbed in in the course of the day.

January 14th.—The child is extremely emaciated and weak; rolls his head, and raises the arms, which fall with a swing; eyes sunk and dull; pupils insensible, or if at all sensible, but triflingly so, to the stimulus of a lighted candle placed near them.

R Hydrarg. Submuriatis,

Pulv. Scillæ,

Pulv. Digitalis, āā gr. j. M. ft. pulvis nocte maneque  
sumendus.

\* Extracted from the case-book of the Western Dispensary for Lying-in Women, &c.

R Ammoniae Carbonatis, gr. xij.

Spir. Juniperi,

Mucilag. Acaciae, āā ʒij.

Sp. Aetheris Nitrici, ʒss.

Tinct. Opii, g<sup>tt</sup>. vj.

Aq. Puræ, q. s. Ft. ʒiij. Sumat sextam partem quartâ quâque horâ.

A little white wine whey to be given every half hour ; arrow-root jelly occasionally.

21st. — He was purged much, and made water in large quantities ; rallied from the whey and mixture ; his cough is relieved, and his mouth somewhat cleaner ; looks about him, and takes his food (arrow-root or whey). — Add g<sup>tt</sup>. iv. Tincturæ opii to the mixture.

28th. — Better in all respects ; can hold up his head ; takes his food ; tongue and throat free from aphthæ ; copious watery discharge from the nose, more particularly when he takes his food ; makes a large quantity of urine ; pulse, from its former extreme velocity, has fallen to 112 ; very little salivation ; no appearance of teeth. — Omit the powder in the morning, but continue one in the evening, and the friction with ung. hyd. ʒij. daily.

February 2d. — Improving in every respect. — Cont. pulv. nocte et ung. hyd. fort. ʒij.

The above quantity of ointment was carefully rubbed in for three weeks by the mother (with a bladder over her hand), and it was subsequently used in less quantities. The child's health and spirits continued good for nearly a fortnight, during which time he took one powder daily. The head assumed almost the natural size.

15th. — Had an attack of irritative fever ; appears to be influenced by the approach of the teeth ; the sutures are again becoming expanded. — To use the warm bath, and lance the gums. Repet. pulv. scillæ, digitalis, et hydrarg. submuriatis, āā gr. j. bis die.

R Magnesiae Sulphatis, ʒij.

Aq. Pulegii, ʒiiss.

Tinct. Aurantii, ʒj.

Syrupi Aurant. ʒiij. M. Capiat 6tam partem bis die.

20th. — Has cut an incisor tooth ; the symptoms generally relieved. — Perstat in usu pulv. et misturæ.

27th. — Head again diminishing in size ; makes a larger quantity of urine ; appetite and spirits again restored. — One powder only in the day ; continue the mixture.

March 7th. — Is apparently free from complaint ; there is still a discharge of watery fluid from the nostrils ; and the

head is somewhat larger than natural. — To take a powder occasionally : one now purges him copiously.

July 30th. — Has just returned from the country ; is much improved, and is well in his general health ; has cut ten teeth ; the head yet larger than natural, the forehead being prominent anteriorly, and the left parietal protuberance projecting more than usual. He has taken no medicine for some time ; has a rupture at the left groin.

September 3d. — Has been feverish for three or four days. A truss which had been applied rendered him so uneasy, that it has been laid aside for a short time. — Pulv. calomel. et scammoniæ pro re nata.

November 21st. — The child has continued to thrive ; has cut the four cuspidati ; his head much diminished in size.

On the above case we may be led to remark, that the morbid disposition was first created by inappropriate feeding at a very early age of the child, and that the effects first portrayed themselves — as is most frequently the case in cerebral affections — by a derangement of the primæ viæ. Some author, I believe Dr. Golis, in his excellent essay, says, that hydrocephalus is invariably preceded by vomiting ; and Dr. Yeats, in his work on Hydrocephalus, rests very much on the primary derangement of the digestive organs. This derangement induced, or was followed by, in this case, a degree of erythism of the vessels of the brain. The symptoms were much relieved by the remedies first employed ; but these were not adequate to the arresting of the disease, but prevented, perhaps, the occurrence of more violent symptoms. What tended very much to favour the fortunate result of the case, was the ready expansion of the cranium, by which pressure on the substance of the brain was avoided, or very much diminished.

Success in practice does not depend very often, I believe, on any one measure, but on the co-operation of several contributing to the same end, and very much on the timely and appropriate application of the different ones employed.

It is amazing to what an extent mercury may be used in diseases of children, without producing its usual effects — salivation : it evidently, in this instance, exerted its influence on the absorbents, its action being aided by the diuretics combined with it.

The recuperative power in infants is very great ; and this should encourage us not to give them up too soon. There is a time, when disease has lost its hold, and when the patient is in a state of collapse, that stimulants now and then exert a most beneficial influence. The combination of vola-

tile alkali and opium, under such circumstances, seems well adapted as medicine, and white wine whey as food. I have seen infants kept alive for days, by giving them one or two drops of the sp. ammon. arom. in a teaspoonful of the breast milk every hour, and supplying artificial warmth by heated stone bottles in their cots, till they have at last rallied and perfectly recovered.

During the existence of this irritative state of the brain in infants, a very slight cause will produce a remission of alarming symptoms, or reproduce them after they have been suspended, as was instanced in this case by the approach of the tooth to the gum on the 15th February. That this child had much to cope with in that way, is pretty evident from the cutting of ten teeth in the four months succeeding so severe a disease. Where hydrocephalus has terminated favourably, a copious discharge of urine has generally taken place; but I do not remember to have observed before so large and long continued a discharge of watery fluid from the nose.

## V.

*Case of Hydrocephalus, in which the Head has acquired extraordinary Dimensions.* Communicated by F. W. WANSBROUGH, Esq., Member of the Royal College of Surgeons, London.

DEAR SIR,—I send you the following extraordinary dimensions (apparently from chronic hydrocephalus) of the head of a child now living in this place. Should you deem it worthy of a place in the REPOSITORY, it is at your service.

I am, dear Sir, your's faithfully.

*Dimensions of the Head of Jacob Crinks, aged Eleven Years, now living in Fulham.*

WITH THE FILLET.—Circumference, at the greatest projection of the parietal bones, 28 inches. From one meatus to the other, across the parietalia and sagittal suture, 19½ inches. From one meatus to the other, under the chin, 8 inches: making the perpendicular circumference 27½ inches. From between the frontal sinuses, on a line with them to the angle of the occiput, along the sagittal suture, 17 inches.

WITH THE CALLIPERS.—From the centre of the os

frontis, on a line with the frontal sinuses, to the angle of the occiput,  $9\frac{1}{2}$  inches. From one parietalium to the other, at their greatest projection,  $8\frac{1}{2}$  inches.

The child's head has remained at the above size during the last five years! His parents, however, declare that they think, if any thing, it has enlarged during that period. I can only regret not having noticed him particularly when I first came to this place, as his head was then an object of general attraction and surprise; but I never thought the poor child could sustain such an enormous weight on his shoulders many months. He has, however, encountered, and recovered from a very severe attack of confluent small-pox, which placed his life in imminent peril, two years ago; since then he has enjoyed perfect health. His face and body bear conspicuous marks of the violence of that attack. He had not been vaccinated.

The child always moves with a cautious and rather shuffling step, as if afraid of being overbalanced by his head, which he appears to carry as an oscillating weight on his little shoulders. He has always another boy to guide and assist him when his walk extends beyond the immediate precincts of his paternal abode. The proportions of his body and limbs are almost symmetrical; but from the immense size of his head, they appear diminutive. He is, upon the whole, a subject of great interest to the physiologist, pathologist, and the *craniologist*! He can read and write — the latter but indifferently; and possesses a degree of shrewdness unusual with boys of his age and parentage.

When two years old, he nearly fell a victim to convulsions.

The above history was collected from my own observation and the information of his mother.

Fulham, 1st February, 1825.

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## PART II.

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### ANALYTICAL REVIEW.

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#### I.

*An Analysis of Medical Evidence ; comprising Directions for Practitioners, in the View of becoming Witnesses in Courts of Justice ; and an Appendix of Professional Testimony.*  
By JOHN GORDON SMITH, M.D. 8vo. Pp. xviii. 386.  
London, 1825.

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SINCE the period at which Dr. Gordon Smith set himself seriously to work in order to remove the stigma which was attached to the state of medical jurisprudence in this country, by the publication of his 'Principles,' this branch of medicine has made extraordinary and rapid advances. As proofs of this, we have only to refer to the works which have appeared on the subject, and to the continued notices that the science has received from various quarters : amongst the former, the papers published in the *Edinburgh Medical and Surgical Journal*, and the series of articles in the two former Volumes of the *MEDICAL REPOSITORY*, may be ranked ; and amongst the latter, the allusions which have been made from the bench to the standard works of this country on the subject.

The manner in which the author's work on the 'Principles of Forensic Medicine' has been received by two of the learned professions, and the high commendations which have been passed on it both in professional and in extra-professional journals, have entirely justified the opinion which we gave as to its merits. To this, as to other circumstances, however, we would not have alluded at present, were it not to imply that the great importance which the judicial, as well as the literary tribunals of the country have attached, and every well-informed reader has attributed, to this particular application of medical science, proves the propriety of requiring from the professional student a regular course of study of it. It is to be hoped that, at a period when the numbers of those entering upon the prosecution of medical studies are so very great, and since there is every prospect, from the circumstances of the times, that the numbers will be still greater, the constituted guardians of the Profession

will exert the very efficient means they have in their power, of at least preventing its respectability from degenerating. And we will take the liberty of suggesting to them, that they should require respectively that those entering upon professional studies, or professional servitude, shall previously have obtained a much more liberal education than is at present thought necessary by many of those concerned in directing the choice of a profession, and by the individuals themselves by whom the choice is made. If this important matter be not better attended to amongst us than it lately has been, our science will degenerate into a cunning craft, and as respects classical and scientific attainments, many members of the Medical Profession will soon be far outstripped by the labouring mechanics of almost every town of the kingdom. The requisites here suggested, however, may not, perhaps, be directly effected by some of the corporate bodies whose duty it is to watch over the interests of the Profession; but these bodies may require a course of professional study which few will think of encountering without having previously passed through those initiatory studies which will the better prepare them for the former, and which as few will enter upon to whom the latter are not considered as a part of their hereditary rights—they may require that an adequate period shall be spent in medical study, and that every professional source of information shall be frequented during that period. Were this salutary reform actually brought about, we should hear less of the overcrowded state of the Profession, and of the disreputable practices which some in it resort to.

We have stated that every source of professional information ought to be frequented by the student. Who can deny the propriety of this? and, still farther, who can deny the propriety of this being required of the student when he comes to claim his admission to examination before one of these corporate bodies, to which the regulation of the Profession is very properly committed? If these propositions be granted us, let us hope to see it directed that, in addition to attendance on a sufficient number of *full* courses of instruction in every department of medical knowledge, attendance be also required on lectures on medical jurisprudence—a study, the importance of which to the character of the Profession generally, of its members individually, and to the administration of justice to the community, is now so apparent as not to admit of dispute. It is to be hoped that the lectures which the author of the work now before us is at present delivering at the Royal Institution, will be introductory to some due arrangement for the permanent establishment of

regular courses of instruction on this important and interesting branch of medical science; and, from our knowledge of the abilities, the zeal, and acquirements of the author, there is no one whom we should wish to hear delivering them in preference to him.

Having thus adverted to the propriety and policy of medical jurisprudence being made a branch of professional education in this country, we must now turn to the volume before us. And here we unhesitatingly state that its pretensions are original, and that it is an unusual application of recondite principles to an important practical purpose, the difficulties of which many have been loud enough to deplore, but no one had previously attempted to remove. Of the success of this attempt at removing the difficulties in the way of medical evidence, we are inclined to think most favourably; and to infer that, if it be properly taken advantage of, the Profession generally will think as we do, and be the gainers by the precepts which the author inculcates and the curious and learned researches which he has made.

The author *first* has given, in the body of the work, an 'analysis of medical evidence,' and has viewed his subject in all its relations to the circumstances of the witness, and to the particular court to which he may be called. This part of the work is divided into ten chapters, of which we shall give a more particular account in the sequel. To this part is added a very copious and closely printed *Appendix*, part *first* of which consists of additional notes, and of elucidations of the text; the *second* part of 'medical depositions and examinations, with an occasional commentary, and notes correctional and explanatory.' The text and first part of the *Appendix* are almost entirely drawn from the author's own resources; the second part is derived from law-reports and various other sources, and is made subservient to the illustration of the doctrines of the preceding text, and to serve the purpose of a Supplement to the author's '*Principles of Forensic Medicine*,' it having been impracticable to embody within the limits of that work so great a portion of illustration as, for the clearer elucidation of its didactic matter, would have been desirable.

In this part of the work, more particularly, the author has pressed, to a great extent, law-books into his service. Of the propriety of this, and, indeed, the necessity of blending law with the particular medical discussions in which he has been engaged, there cannot be the least doubt. Nor can the consideration of the relation between the two sciences, where not only relation, but obvious connexion, really exists, be supposed out of the path of

the Physician: when useful information can be given to medical men, they ought to be grateful to find that there are some who forego the lucrative pursuits of the Profession to save them the dry and, to many, the hopeless search. 'It was the opinion of Junius that to investigate a question of law demands some labour and attention, though very little genius or sagacity'—says Dr. Ferris,\* quoting Dr. Goodall's *Vindication of the College of Physicians*; and we doubt not that many of our brethren are as capable of getting at the material facts of the statute-book as a common justice of the peace, and more likely to impart them in a manner intelligible to others, than a jurisconsult habituated to convey them in a technical form.

After a well-written and an ingenious preface, the author introduces his work with some very just remarks on the necessity of a medical man attending to the *manner* of his public appearance on every occasion. His observations at this place are so deserving the attention of the Profession, that we shall make no apology to our readers for the length of the quotation; the concluding part of which will shew him the scope and tendency of the volume, as well as the spirit and style in which it is written.

'Amid the copious provision made, long since, for the qualification of those who aspire to the medical character, it is somewhat paradoxical that no formal or authorised attention has yet been paid to certain matters, of the most important nature. This neglect might, truly, be termed preposterous, when it is considered, that in some of these matters the Practitioner endures an unremitting impulse to exercise himself, and that upon them his fame and fortune too commonly depend. He may combine the skill and attainments of *Æsculapius*, with the accomplishments of *Apollo*, but of themselves, these will not ensure him distinction. There is something in the superficial, or decorative part of his character, to which mankind, in general, are more disposed to look, and by which they are exceedingly prone to estimate his claims. I allude to manners and deportment; to the social, as connected with the learned or ingenious man. This is an influence of the mightiest import; and upon no members of the great civilised family does its pressure weigh more heavily than upon us. Other men can separate between their personal and professional character, themselves and their duties. They often walk into the exercise of these, as they would into a garden, where they follow a plain, an obvious, or even an inviting track; and when time suits, if not exactly when they please, they walk out again, and with their extra-garments, may relieve themselves from the *burden* of compulsory observances, if custom has

\* General View of the Establishment of Physic as a Science in England, &c. Preface, xi.

not, indeed, made them essential to their well-being, or perhaps even constituted them the very delights of life.

‘ It is not so with us. Our dutiful observances are so intimately and inseparably amalgamated with our identity, that we are, practically, strangers to times and seasons; ever on the alert, unremittingly goaded by the stimulus of circumspection, but, at the same time, unprovided with the advantages of instruction, in regard even to our professional deportment in society, beyond the general application of technical means for the accomplishment of abstract purposes of art — beyond, I would say, the *business* of medicine.

‘ And yet, to no class of men can the current coin of social intercourse be of more value; to few, placed in a sphere of corresponding dignity and importance, can it be of so much. What signifies, to the client, the urbanity of a sound and able lawyer, provided he applies the powers of his mind to the merits of the case, and discharges his duty towards the interests of one whom he may never see? Of what consequence is courtesy and kindness of disposition to the beneficed clergyman? His income cannot be diminished, nor his occupation dissipated, discharge his duties, or treat those around him as he will. But if we look at the Physician, we see a member of society, whose active functions require to be discharged in a certain *manner*, otherwise he will exercise himself with but indifferent success, and probably lose opportunity of discharging them at all; with which he may forfeit his place in society, and his means of supporting existence. In short, the neglect of MEDICAL ETHICS is unaccountable. Those who do imbibe any feelings, or acquire any rules of conduct, springing from an acquaintance with that important branch of medical economy, do so — not in the schools, — but amid the rubs and perplexities of life, under the tuition of that stern and unmitigating preceptor — *Necessity*.

‘ Whether the relations of medical science to the exigencies of public justice, and other departments of state economy, may with propriety be ranked under the head of *Ethics*, I shall not stop to inquire: but they have, in this country, been treated with similar neglect; whereby medicine has received much unjust reproach, and those who have been called from among her ranks, to apply those relations, have been unnecessarily lowered in the estimation of the world. I am far from insinuating that this has been the case without exception; but I fear not to assert, that the instances in which medical witnesses have come down from any judicial examination of importance, without suffering more or less injury, have not been many: — that those in which credit has been actually gained, have been fewer still, — and that I know of no instance in which it can be satisfactorily shewn, that an individual reputation has been thereby established. Even now, after all that has at last been done among ourselves, to help the Profession to ample means of rescuing its members and their science from this pitiful state, is there any object of dread, paramount, in the eye of the Medical Practitioner, to the *witness-box*?

‘ Things ought not to be so ; and almost any attempt to remove this blot from our escutcheon should be looked upon with a favourable eye. Such an attempt is the present publication — in which I propose to take a free and candid view of the situation of a medical man, acting as a professional witness in courts of justice ; and in the execution of that task, I shall endeavour to convey some idea of the nature and importance of medical testimony — to examine more precisely than (as far as my knowledge and researches extend) has yet been attempted, into the obligations we lie under to discharge that duty, and the perplexities that surround it ; endeavouring to ascertain what are the most promising or available means of removing them.’ — Pp. 1—5.

*Chapter I.* informs the medical reader of the nature of *Evidence*. The author’s observations on this subject admit not of analysis. He has referred to the best writers, and stated the law of the country on this topic, with clearness and precision.

*Chap. II.* ‘ *Of the Obligation incumbent on the Medical Profession to give Evidence.*’ — Here our author has given a view of the real state of the Practitioner in regard to exemptions, and obligations towards the public. As this topic has never been discussed before by a medical writer, we place the following remarks before our readers : —

“ It is a complaint,” says Dr. Percival, “ made by coroners, magistrates, and judges, that medical gentlemen are often reluctant in the performance of the offices required from them, as citizens qualified by professional knowledge to aid the execution of public justice. These offices, it must be confessed, are generally painful, always inconvenient ; and occasion an interruption to business, of a nature not to be easily appreciated or compensated. But as they admit of no substitution, they are to be regarded as appropriate debts to the community, which neither equity nor patriotism will allow to be cancelled.” \*

‘ I confess that I have, on a former occasion, quoted this passage rather inconsiderately ;† and having said so, I feel myself at greater liberty to animadvert upon a published opinion of so much importance, emanating from so respectable an authority as the late Dr. Percival, for whom, in every other point that I can recollect in his character and writings, I entertain the utmost deference. The complaint is represented as being made by coroners, magistrates, and judges. Of magistrates, I shall say nothing ; they compose an order in the state, that may, indeed, be called the country’s boast ; their services are of the most important nature, and are not only discharged under much personal inconvenience, but in a manner hardly conceivable to those who view the thing in the abstract. If they do find us backward in aiding them, I concede to them the

\* ‘ Medical Ethics, chap. iv.

† ‘ Principles of Forensic Medicine, first edition.



right of complaint. With regard to *judges*, it must have been the case, that our author knew of their complaining, otherwise, a man of such integrity would not have recorded so serious a charge against his brethren; but I should hope that few have heard similar complaints from that quarter. However, taking the matter as it is alleged, and in its most flagrant form, admitting that judges have spoken (even on the bench) uncourteously of us, I bow to the judges. The *coroners*, however, astonish me, and I must say that I cannot be so submissive to them. Do they find their brethren, the attorneys,\* more ready to perform offices for which, "as citizens qualified by professional knowledge to aid the execution of public justice," it is well known that it is of little use to call upon them *sans solde*?† But it will be said that this retort is futile, because we are bound, in a way that others are not, to do all the labour that can possibly be required of us—even to build churches and bridges, cut canals, and make roads; supply the country with jails, attend them as turnkeys, and, finally, "to aid *the execution* of public justice, by performing, without reluctance, the office that may be required from us" by a public functionary who shall be nameless, as soon as, in the rapid course of modern improvement, we shall become "qualified by professional knowledge" so to do.

But I cannot, in sober thinking, persuade myself, with all my respect for Dr. Percival, that we are so deeply *in debt*. True it may be, that by law we are exempted from certain little, though troublesome exactions, as to personal service, which fall upon some of our neighbours. We are excused from sitting on juries, being parish constables and overseers; but I think I recollect instances of medical men being drawn for the militia, and I would rather get out of the way of a press-gang.‡ Dr. Percival may call our services "an appropriate debt;" but debt implies something previously received; and he has himself looked upon the exemption (as far as it goes) as being allowed "in consideration of the diligent and assiduous discharge of professional duty, which the legislature has generally presumed to occupy the time and employ the talents of Physicians and Surgeons, in some of the most important interests

\* "Most of the coroners are appointed from among this class of lawyers.

† "This is by no means to be considered as a sneer against a highly estimable order; but lawyers are well known to be tenacious of remuneration. There want not, among ourselves, parallel instances; yet law is perhaps a luxury, while physic is a dire necessity to poor mankind. I believe the gentlemen of the other profession are not backward to assist the needy, who want not only redress but money. The claimants, however, are comparatively few.

‡ "Let not the coarseness of this allusion defeat its claim to notice. All medical men do not powder very white, or go about their duty in silk stockings, and corresponding articles of outward adorning. Nor are the agents of the Lord High Admiral, upon such occasions, very apt to make nice distinctions. I knew a gentleman *in holy orders*, whose person, manners, and habits, were far within the pale of delicacy which perhaps becomes the priesthood, who was taken from a vessel in which he was a passenger, and kept some time on board a king's ship.

of their fellow-citizens ;” \* which presumption, I take leave to say, was entertained, and not only entertained, but acted on, long before it became the practice to call upon us for such taxes, (I will not acknowledge the *debt*), to so large an amount as is now required. † So that in truth these exemptions are but the acknowledgment of a *debt contracted by the community towards us!* I am confident that there are Practitioners who would prefer their share of liability, in regard to serving the offices in question, to the incessant demands under which they suffer; being, in some situations, absolutely oppressed by the frequency of those calls, more especially on the part of the coroner. The blame lies not, it is true, with him; but a considerate person in that situation would make no *complaints*: for he has the power of compelling us to attend, and where that is the case, to complain of our absence is reflecting on himself.’ — Pp. 27—31.

We perfectly agree with the view here taken of the requisitions to which the Profession is liable; and cordially join with the author in saying, ‘that the claim of the public on the labours, anxieties, and even property of the medical class of citizens, is founded in fallacy; that it is a mistake on every principle of equity, and an imposition in point of fact. The Medical Practitioner, if weighed in the same scales as other men, owes not a particle of service to the state, or to the public, on the score of concessions yielded to him in return, or implied by any courtesies, with which his individual citizenship may have hitherto been taken for granted to be endowed. The exceptions in question, (now amounting to little, whatever may have been their primary importance,) were granted not to us, or clearly at least not for our benefit, but by the public to themselves; which public has been in the habit of reaping the advantage, while we have paid the cost.’

In a note in the Appendix, on the *appointment of coroners*, the author offers some just remarks, which we quote as an inducement to medical men to offer themselves more frequently as candidates for the office of coroner.

‘These officers are not *necessarily* chosen from among lawyers;

\* ‘Ubi supra.

† ‘The relief in question is, to a certain extent, very ancient. By an act of Henry VIII. (quoted by Paris and Fonblanque), the Surgeons had their privilege of exemption from bearing arms, (which “they and their predecessors, from the time that no mind is to the contrary, for the continual service and attendance that they daily and nightly, at all hours and times, give to the king’s liege people, for the relief of the same, according to their science,) extended to discharge from constable, watch, and all manner of office bearing any armour; and also of all inquests and juries,” &c.—*expressly because, in consequence of their serving some of these offices, many had perished for want of professional aid.*’

there are some of the Medical Profession; and I have heard both magistrates and lawyers admit that they ought to be so more extensively. By far the greater portion of the coroner's duty relates to the causes of death under unusual circumstances; and inquests would, perhaps, be more efficiently held, if conducted under the superintendence of men of physical science, conversant at the same time with the nature of evidence, and the forms required for judiciary satisfaction. All that can be requisite, in regard to these latter, will not be difficult of attainment to a man of ordinary parts and moderate application. *Coroners' law* lies within small compass; and to acquire a competent knowledge of the duties of that office, must be a less arduous task than to become an efficient justice of the peace. I should like to see the Surgeons of England more generally appointed to these situations. *Burns's Justice, Blackstone's Commentaries*, and probably the occasional study of an act of parliament, may comprise the greater part of the indispensable lore — if not, the distance it may be necessary to travel beyond these cannot be very great; and a knowledge of the route is by no means difficult of attainment.' — Pp. 167, 168.

As a consequence of the unjust demands made upon the Medical Practitioner, without thanks or reward, the author complains here and in the sequel of the practice of allowing pupils to give evidence in matters of opinion, and on occasions when the depositions of well-qualified medical witnesses are requisite to aid the inquiries of public justice.

*Chap. III.* treats of the very important subject of *Perplexities of Medical Witnesses when giving Evidence*. Amongst other observations, we quote the following at random: —

'Medical witnesses, after being prepared to discharge their duty to the best of their ability, may find that the examination turns out to be a very different thing from what they anticipated: it may even be wide of the real point, and is sometimes purposely so. This may occur through want of acquaintance with the subject on the part of the examiner; in consequence of which the witness is exposed to the mortification of being misunderstood, and having his statements misapplied — of being asked questions that no person can answer — of being made, perhaps, a party to the triumph of falsehood and error — or of being rendered amenable to unmerited censure, for testimony that he never intended to give.

'Upon such occasions a timid or a stupid man may be ruined with his eyes open, because he is not so adroit at opening his mouth. One is, under such circumstances, thrown entirely on his intrinsic resources: he cannot run home to his books, or into a Brother Practitioner's house to state a difficulty, and have the benefit of information or advice how to get out of it. There he is, and there he must remain, and abide the upshot; and, (if he acquits himself badly,) endure the scrutiny and displeasure of the bench, the brow-beating of the bar, the scorn, laughter, or con-

tempt of the audience, the discontent of his friends, and the exposure of the public press, with all the consequences that may follow to his reputation and fortune. It is on occasions of this nature that we ought "to have our wits about us," for no other help can be resorted to; and it is on such occasions that real superiority is likely to be fairly displayed. Nor will a general and accurate acquaintance with one's profession always do; but being too frequently relied on, it occasionally proves the *ignis fatuus* that leads our brethren into a slough, whence they get out sometimes in but indifferent plight.' — Pp. 40—42.

As Dr. Smith very justly remarks, in continuation, 'a dexterous advocate has a great advantage over any witness, however doughty; and he may contrive to lead a very intelligent one so far astray, as that the latter may be deceived into a train of admissions, the inferences from which are to be afterwards turned against him.' The only remedy which the witness can have for this is to be cautious (as Dr. Smith proceeds to remark) in speaking, as well as in preparing to speak; 'and he should on no account answer a question till he clearly understands it, or pretend to frame an answer when he knows nothing of the matter. He should avoid conjectural observations, and continually bear in mind that what he says must stand upon record as signifying what he means.'

*Chap. IV. Of the Difference of Courts.* — Here the author labours to impress the mind of the Practitioner with the importance of his evidence, in the first instance, before the coroner, both from the consequences that may result to the accused, and to the witness himself.

'Nothing can be more important than the duty which a medical man may have to perform upon such occasions. His dictum may be the influencing consideration that directs the issue. Should he, therefore, be the means of discharging a murderer from amenability to the law of the land, as prescribed by God himself, what will be thought of him? or what can he think of himself, should it be discovered that he acted from ignorance, or some other impulse under which it was, on his part, wrong to be? On the other hand, (and this, perhaps, is the common abuse arising from imperfect preparation for the discharge of such a duty,) if he be the means of shutting up in prison, among felonious characters and the depraved of every description, an innocent and respectable person, under an accusation of the foulest of crimes; of taking that person, it may be, from his family, and in doing so, taking from that family their bread, and from both their reputation, or very likely their desire and future means of getting through the world by honest industry; (for confinement in jail, and a trial for life, do not add to a person's claims to estimation;) he can rarely leave the unfortunate being on quite so good a footing, in this respect, as he found him.'

I ask, if a medical witness be the cause of all this, when the upshot may prove that he ought not to have done so, how can his pillow contribute to the repose of a head so badly or so dangerously furnished with ideas of duty and knowledge as to its performance?

‘ But this is not all — though it may be considered that I have drawn a picture of imaginary horrors. When the trial takes place our witness will be wanted again; and when he makes this second appearance, under the solemn circumstances already described, it will not be to receive the thanks of the court for the trouble he has already taken in “aiding the execution of public justice,” or merely to prove his own signature to the coroner’s examination, no — no. He is handled *de novo* — circumstances are more minutely and more pertinaciously inquired into; his qualifications may be scrutinised; and — the *cross-examination* — think of that! — Should better information have fallen to his share during the time that the prisoner has been “rotting in jail,” I will not conceive that he may be reluctant to acknowledge it; but, on the contrary, will suppose that it is all displayed. If so, then comes the excruciating inquiry, why did you not say so before the coroner? A. I did not then know that it was so. Why did you not know? Were you not then supposed to be as competent a member of your profession as you are now? It was your business to know. Where were you educated? What was the course of your studies? Who were your teachers? How long did you attend on their instructions? and — What testimonials have you received as to your fitness to exercise the functions of whatever character it may be by which you are designated and reputed? These and other awkward interrogatories await the foolish man who runs into the clutch of a prisoner’s counsel, by conduct such as that against which I have uttered a warning.” — Pp. 54—56.

As an illustration of the author’s style, we cannot, perhaps, quote a passage more to the purpose, than the following account of an inquest which he witnessed: —

‘ Not long ago, an inquest was held at a short distance from London, the circumstances leading to which fell under my immediate observation, and were such as to induce me to attend as a spectator. The object was to inquire as to the manner in which a young unknown female came by her death. The body had been found floating in the Thames, and had been several days, apparently, in the water. The occasion was a perfect realisation of what I have stated. There were from twelve to twenty honest tradesmen sitting round the public-house parlour; and the parish-beadle in attendance as officer of the court, with two or three witnesses — all grumbling, because Mr. Coroner was a little behind his time. It was the duty of the parish-Surgeon to have attended, and he had been duly summoned for the purpose; but he neither came nor sent any one in his place (probably in this he acted conscientiously), nor forwarded any excuse; nor did the court seem to care in the least about the matter — probably they thought it as well that he



neither gave them nor himself any trouble. Another Practitioner, however, secured his admission by a voluntary offer to be of whatever service was in his power. After going through the formalities, from "O yes," down to "all persons not of the jury must withdraw," they returned a verdict of "Found drowned." There was no doubt as to the case being one of accidental drowning, even in my own mind; but, as I thought the body should have been opened, and had some knowledge of the foreman, who on his part was aware that such things had formed a prominent object of my studies, I signified to him that their verdict was unwarranted, for that although they had proof enough as to the *finding*, there had not been a rag of evidence to shew that the deceased had been *drowned*. The honest, and well-intentioned official, went back instantly to his brethren with a view of getting them to re-consider their verdict; but that was a task not to be accomplished by a mere mortal juryman; it was too late—too late in the proceedings, and what was more, too late in the day. It was "*nunc est prandendum*,"—there it ended, and the shadows closed upon a niggard sod that covered—nobody-knew-whom, and few cared what; a suicide, or a victim of complicated violence: the coroner filled up his paper, and the jury went to bed as they had done the night before, *requiescere in pace*; which was more than was supposed to have fallen to the lot of the poor stranger.\*—Pp. 59, 60.

*Chap. V. Of Party Bias.*—This chapter contains not merely a very requisite moral caution, but some useful views of the duties of the medical witness. Neither it, nor the next chapter—'*Of the most advisable Manner of giving Evidence*'—admits of analysis. The reader, in order to make himself acquainted with the author's opinions of these matters, must peruse them in the work itself. It is our wish to give a full review of its contents, but we have no right to appropriate its materials. We give the following extract from his remarks on professional secrecy:—

'To an advocate no such revelations are to be conceded, let him demand them ever so urgently; and I should hold that barrister personally amenable who would presume to ask me to disclose a secret, as a matter of course, merely upon his requisition. A *gentleman* will certainly hesitate as much in requiring, as another would in affording such disclosures; and they are never to be made but by express mandate from the bench. That being uttered, I can disapprove of no one's conduct in obeying. The expressed opinion of the judge will be a full indemnity for the witness, as far as all *extra-thoracic* dissatisfaction might exist; but I cannot be satisfied until I shall have expressed my regret, that when the

\* 'She was interred in consecrated earth, *i. e.* in the usual burying-ground, but (as report went) without the rites of the church; and a clamour was afterwards raised that the grave had been robbed. I have alluded to the case in the "*Principles of Forensic Medicine*," page 8.'



sacred barrier of private confidence must be thrown down, it is to be done in so public a manner. Surely, on such occasions, the idle and unconcerned at least might, with great propriety, be excluded, as well as on others that I need not specify.'

*Chapter VIII.* regards more particularly *the observance of decorum*, which has more to do with our success as witnesses than might at first appear. The author here directs attention to decorum, first as respects the Profession to which we belong, and next as regards the occasion on which we are called. He very properly observes, 'the age of mummary and mystery is gone by, and we must maintain in the Forum, as we should do elsewhere, the character of *gentlemen*, as well as of Physicians or Surgeons. Let us go forward in our natural character, armed with sobriety and circumspection, and adorned with dignity and modesty; for on no occasion can the *suaviter in modo* impart greater efficacy to the *fortiter in re*.'

The following passage deserves attention on account of the liberal and amiable spirit which it evinces, and of the excellent moral precepts which it inculcates:—

'In considering the decorum due to the profession, it is impossible to overlook the deportment of practitioners towards each other. We are not unfrequently called upon to give our opinions as to the character and conduct of our brethren. This must inevitably be the case, when the question is one that relates to the claims of a practitioner seeking recompense for professional services, or when the efficacy of these services is impugned. When we do think well of our brethren, such a duty must be indeed pleasant; for there is nothing more gratifying to a generous mind, than to bestow commendation on those who deserve it. Affirming (from the views I have been led to cherish of the true influence of our pursuits upon the duly regulated character,) that kindness and generosity are particularly congenial to the medical *philosopher*, I am under the necessity of adding, that a disposition to snarl and bite is *unnatural*, as well as unamiable. Sometimes, however, it is our duty to disapprove; but of doing so, there is a choice of modes. That case must be almost incomprehensibly flagrant, which calls upon us to enter voluntarily or gladly on such a task, whether it is to be performed officially, or otherwise; but as our present business hardly admits of contemplating a *voluntary* appearance for such a purpose, the caution may be restricted to the manifestation of triumph, gratification, or any other disposition at variance with that regret which the misconduct of one of our body ought to inspire. It is said, that the world is not a judge of medical character; but I do not see any occasion at present for examining the truth of this assertion, knowing that the liberal and well-informed of the community are disposed to think well of us, and to appreciate (what cannot be denied without betraying ignorance of that which

it is shameful not to know) the liberality of medical men. Let us beware of committing felony on our own reputation, by submitting to the baneful action of a different spirit. The great safeguard will be the habitual cultivation of liberal modes of thinking, which will incline us to do what we ought ever to aim at—to cover a brother's failings. Far be it from me to trammel the profession with obligations to screen from the consequences of criminal ignorance, one who may have presumed to stand in a place which he was utterly unqualified to occupy; but these are not often the objects towards which attention is in this way directed.'—Pp. 106, 107.

*Chapter VIII.—Of the respective Claims of EXPERIENCE and AUTHORITY, as grounds of Opinion in Matters of Science.*—The author takes a very philosophical view of the words 'experience' and 'authority.' He adopts Dr. Campbell's (the celebrated opponent of Mr. Hume) definition of the former, and divides it into 'personal' and 'derived.' After examining the value of both species of 'experience,' he very justly observes, that they both rest entirely on memory, that memory often supplies us with the knowledge derived from the display of facts when all recollection of the facts themselves has vanished, and that it is through the agency of another mental faculty that we profit by experience, viz. association;—'the efficacy of which consists in preserving the knowledge imparted by experience, when all the facts upon which it was built are forgotten.'

'In medicine,' the author afterwards remarks, 'we often use the word *experience*, where we should be content to employ *analogy*. This has been stated to be a more indirect experience: it is certainly a more easy source to draw from, and is often considered as a great proof of practical knowledge; whereas it displays little more than a turn for making comparisons. It is often the trick of the ready-witted; while experience does not impart the power of comparing, but, on the contrary, is itself the result of a comparison of particular facts remembered.'—P. 119.

This view of the too common use of the word *experience* is very just. We find those who actually have the least real experience the most fond of using the term, because it is a ready passport to professional notice, and, as they suppose, the easiest way of getting more of what they stand so much in need of.

Of the term *authority*, the author observes, that it is the application of the testimony of others to the satisfaction of our own minds concerning the truth of any matter. 'As on memory alone,' observes Dr. Campbell, 'is founded the merely personal experience of the individual, so on testimony, in concurrence with memory, is founded the much more extensive experience which is not originally our own, but *derived*.'

from others.' Viewed after this manner, *authority* and *derived experience* are nearly synonymous terms; but, as Dr. Smith has very properly observed, *personal experience* is not so well supported in the weight it should give to evidence as *authority* appears to be. It surely cannot be denied that when, 'after having satisfied ourselves of the truth and propriety of the testimony of those from whom the authority is derived, we adopt their representations, as satisfactory evidence of the truth, and make their opinions our own,' the evidence is even more complete than when it rests only on our own experience, which, in medicine more especially, is liable to many fallacies, and which has been corrected by our individual reason only, if, indeed, we have at all reasoned closely on the matter, or ever looked to it otherwise than as to one possessing several points of similarity to that respecting which we are called to give an opinion.

For farther remarks on this topic we must refer the reader to the chapter of the work now before us, where the author has taken a very proper view of the relative value of experience and authority—a subject which interests most closely the medical philosopher, and one which has been hitherto unaccountably neglected by all medical writers. The following remarks are just: we quote them as a caution to those who err in the way alluded to:—

'Let me not be understood to despise experience—still less would I advocate a blind reliance on authority. I trust, that the more precise ideas I have attempted to attach to the terms used in this chapter, will set aside any such imputation. I am fully aware of the mischief that has accrued to medicine, from the overbearing influence of great names, and have long ago recorded sentiments on that point, which I have not yet been led to change.\* Unless, however, a medical man enlarges his experience by a knowledge of, and deference to that of many others, his own personal stock is not likely to be worth much. All men are inclined to place great reliance in their experience; and those who have had least, are sometimes unusually vain of their share. Young men have often surprised me by the familiarity with which they have used the word, when evidently mistaken as to the nature of the thing implied; and I must confess, that my suspicions are apt to be excited, when I meet with a specimen of this purely experienced character, armed *cap-à-pié* with his experience, and eager to blind his less fortunate neighbours with its dazzling refulgence.'—Pp. 126, 127.

The two last chapters of the text contain various considerations in the way of *preparation* for giving evidence,

\* 'In referring to the LONDON MEDICAL REPOSITORY, vol. xii. page 106, (for August 1819,) I claim a production which, had my original views been fulfilled, I had long since avowed.'

amongst which the author treats the subject of previous experiments, particularly as respects cases of suspected or alleged poisoning. The injunctions which he here lays down deserve careful perusal. In the *tenth* chapter he adduces several very strong arguments for the study of Forensic Medicine, as the best mode of preparation, and points to the manner in which it should be studied. Here he insists on the propriety of teaching this branch of medical science by the delivery of a full course of demonstrative lectures, and not by casual inference, or indirect lessons, supplementary to some other subject; as at present but imperfectly attempted in the metropolis. He afterwards concludes this part of the work with some remarks on the advantages which the student of the science may derive from books, and on the necessity of the medical jurist being acquainted, at least, with the general treatises on the subject in our language, before he appears in court; as he may rest assured that barristers are well informed on points connected with medical jurisprudence, and well read in the treatises alluded to; and he may be equally well assured that they will not neglect to avail themselves of the superiority which they thus acquire over those medical witnesses who may come forward unprepared on the subject, and turn that superiority to the advantage of their client, and disadvantage of the witness.

*APPENDIX, Part I.*—This part of the work consists of additional notes, and elucidations of the text: it does not admit of review. We shall, however, give one or two extracts from it, as specimens of its matter and manner. The first note we here meet with contains some very just reflections on the medical schools of the metropolis. Those who have had an opportunity of comparing them with those of Edinburgh, Dublin, Paris, and even with some others, will be able to appreciate the justness of the remarks the author has here made.

‘With regard to the London schools, they possess numerous excellencies and great advantages; but these are deteriorated by vast defects and formidable abuses. The very essence of the thing is hostile to its true welfare, and perhaps there are more inadequate returns to society from this greatest collection of facilities, than from any other quarter—whether we estimate the number positively or comparatively.

‘Several reasons for this, at once present themselves.

‘*In the first place*, there is a general attempt, on the part of teachers, to execute *too much*. By this, it is not meant that they teach too much of any one thing, but that they attempt too many branches. For the ordinary practical purposes of the physician, a great diversity of knowledge is indispensable. Every medical

practitioner ought to be an anatomist, a chemist, and a nosologist; and acquainted with the ordinary arrangements of medical knowledge which are designated Theory and Practice: but does it follow that he can be equally capable of *teaching all these*? True, he may tell all he knows, but does that constitute a Professor of Science?

‘*Secondly*,—There is not time enough to teach. A course of lectures has no definite meaning: it is a matter so arranged as to suit the circumstances of the teacher or his pupils—constructed upon no acknowledged basis. The thing is too multifarious for any such influence to prevail over it. One man must make his course subservient to the convenience of attending that of another, and so on. If he do not, he will get no pupils.

‘*Thirdly*,—In some other branches, it were (in my opinion) desirable that the candidates for public favour were fewer. I allude *generaliter*, to those in which the only thing required from the professor is TALK. It is not so easy to *profess* anatomy, surgery, or chemistry, with one or two other branches; and, accordingly, I believe there is little scope for animadversion as to these.

‘One of the greatest reproaches to all the divisions of the London school, is the neglect of Clinical Instruction.

‘*In the fourth place*,—The thing altogether is little more than a *finish*. Probably the better educated part of the profession are indebted, for their solid acquirements, to very different sources, although it is here that all the debt is acknowledged, and all the *éclat* acquired. It is here that the qualifications are to be had, and the terrors as to obtaining them are to be experienced. Examinations, diplomas, &c. &c. all contribute to eclipse the great object, and to endow the intermediate and very subordinate one of ‘passing the hall’ with paramount interest. So that in fact a metropolitan course of education is but ‘a cramming,’ and the professor of real importance is the grinder.

‘*Finally*,—Pupils will not go where the lecturer does not stick to the practical, nor take the trouble to attend those parts of a course, upon which they run no risk of examination. It is a very *passing* affair indeed—as few months as the statutes will recognise; and as few teachers; and as few of their lectures, as will accomplish their fugitive purpose. Of course these remarks are not universally applicable.

‘No wonder that there is no time for extraneous matter, which *Medical Ethics* may perhaps be considered.’

The next note to which we shall direct the attention of our readers is that on *Medical Liberality*, which contains sentiments with which we cordially agree.

‘The general tenour of this volume is so closely allied to the important branch of *Medical Ethics*, that little apology is required for here and there obtruding a few excursive strictures on the character and economy of the profession. On the present occasion, I shall chiefly restrict myself to an extract or two from the two

choicest writers we have in the department—and of whom I have already had occasion to make repeated mention.

‘ But I beg to premise, that I assume not the pretension to liberality in *opinions* merely. Some of our foes will make even this a vice, by charging us with a latitude beyond the bounds of orthodoxy; and in this let every man answer for himself. While I believe we are particularly free from bigotry, I have also good reason to think, that we are not more extensively tarnished with infidelity than our neighbours. At all events, there are a few Christian precepts that I defy any order of men to observe more extensively than it is our custom to do—but to our quotations.

‘ With regard to the charge of infidelity, Dr. Gregory observes——  
 “ Men whose minds have been enlarged by knowledge, who have been accustomed to think and to reason upon all subjects with generous freedom, are not apt to become bigots to any particular sect or system. They can be steady to their own principles without thinking ill of those who differ from them; but they are impatient of the authority and control of men who would lord it over their consciences, and dictate to them what they are to believe. This freedom of spirit, this moderation and charity for those of different sentiments, have frequently been ascribed, by narrow-minded people, to secret infidelity, scepticism, or, at least, to lukewarmness in religion; while some, who were sincere Christians, exasperated by such reproaches, have sometimes expressed themselves unguardedly, and thereby afforded their enemies a handle to calumniate them. This, I imagine, has been the real source of that charge of infidelity, so often and so unjustly brought against physicians.”\* Dr. Percival has a very curious and interesting note, connected with this and other points in the medical character. While he seems to admit, in some degree, the validity of a charge against us as to neglect of public worship, and attempts to account for it in a way that I am not quite satisfied is just,† he also praises the Catholic spirit which animated Sir Thomas Brown, and other worthies, and permitted them to worship God in all places devoted to his service. He goes on to quote Dr. Samuel Parr, who in one breath allows to physicians the pre-eminence over the other liberal professions, in erudition, in science, and in habits of deep and comprehensive thinking, and charges some of us pretty roundly with a propensity to scepticism. He is complaisant enough, however, to ascribe this to “ metaphysical principles, which evince the strength, rather than the weakness of the human mind, when contemplating, under certain circumstances, the multiplicity and energy of physical causes.” He enumerates several by name who have been distin-

\* ‘ Lectures on the Duties, &c.’

† ‘ Medical Ethics, note xii. In my humble opinion, the blame is more ascribable to neglect on the part of parents and guardians, than to the natural influence of medical, rather than of other studies. I refer the reader to the passage particularly.’



guished as honourable exceptions; and among them Gregory, whose sentiment, above given, Dr. P. shortly afterwards quotes.

• To this I must add one excerpt more, from the same article: "Perhaps no profession is more favourable than that of physic to the formation of a mental constitution, which unites in it very high degrees of intellectual and moral vigour; because it calls forth the steady and unremitting exertions of benevolence, under the direction of cultivated reason; and, by opening a wider and wider sphere of duty, progressively augments their reciprocal energies." I hope this will tempt the reader to repair to the source whence I have derived these excellent remarks, and where many more will reward his curiosity, and benefit, I hope, some nobler impulse.

• Let me hazard, by way of inference, that a blind belief, or one countenanced by ratiocination, may, for aught I am disposed to say to the contrary, be equally advantageous to the possessor; but I cannot lay reason at the feet of those who would trample on it—the less so, as the implicit followers of guides, often not clearer in vision than themselves, are very apt to bespatter, with the mire of the ditch into which they tumble, those who would help them out. It is but a sorry compliment to Christianity, to assume that it cannot even outshine the lights of science; and the opinion cannot be entertained but by those who are unacquainted with the real history of the scientific character.

• As to *liberality* of a lower cast—that which respects the sordid affairs of human life—I boldly demand to be told, what class of men does so much to alleviate the distresses and to promote the welfare of society, without worldly recompense? It is not unusual to hear of advantages to ourselves, in much of what is done in this way. It is an unworthy insinuation—but, for brevity's sake, I shall for once admit it, and to the fullest extent to which it can be urged. Having done so, there yet remains ample and sufficient warrant, upon the purest grounds, to repeat the demand.

• Shall I be pardoned an anecdote? It is *literally* a fact, and very widely applicable. A Surgeon of my acquaintance, of most liberal views and conscientious principles, was called to see a person in the garb of a gentleman, who, in travelling through the place, was overturned in a carriage, and apprehended that he had dislocated his shoulder. After careful examination, my friend pronounced the stranger to be free from injury. The other coolly inquired, what he was to pay? The Surgeon, somewhat piqued, answered, "Nothing," and walked away. It came to his knowledge, soon afterwards, that this person related the circumstance of his having for once met with an honest Surgeon, who declined taking a fee when he found there was no work to be performed! Without referring to the study and expense the Practitioner had been put to ere he could acquire the knowledge requisite to enable him to pronounce an opinion of a nature to set the fellow's mind at ease, I shall be uncharitable enough to suppose, that such a narrow-minded being would have been the very person to have brought an action

for *mala praxis*, had he suffered inconvenience from an erroneous opinion.'—Pp. 173—176.

In our Number for December, p. 521, we gave, from this part of the *Appendix*, Dr. Smith's observations on the case of Donellan, which has continued to the present day to excite so much interest. The following paragraph, in continuation of that extract, contains some remarks in vindication of the propriety of viewing opinions according to their intrinsic value, and not according to the eminence and reputation of the person uttering them:—

'I have not entered upon this, nearly appalling, undertaking, unaware of the charge I may incur of temerity, if not of something worse; and of the probable consequences which those who swear by the name of HUNTER may stir themselves to inflict upon me. There are not wanting orators, both individual and congregated, who are proud to ingulf all personal and social distinction in that overwhelming appellation. A name thus rendered *perennius ære*, so slim an individual as myself could not possibly deface to the extent even of a superficial scratch, were he so inclined—which, in sober veracity, is the farthest thing from my thoughts. With those who may feel disposed to prate about illiberality, presumption, disturbing the fame of the departed, &c., I have to plead in vindication of an unaffected desire to maintain truth, should the cost even be chargeable to a great name, (which, by the way, can always better afford it than a small one,)—*first*, the claims of truth, which I have been taught to consider paramount to those of all names whatever; *secondly*, the notoriety of the slander that has so long been current against men as honest as John Hunter, probably, and against medical testimony at large; *thirdly*, the impossibility, on my part, of having breathed a syllable on the subject during Mr. Hunter's career; and, *lastly*, a disposition to admire and commend the illustrious individual in question, as strong as should be indulged, in a mind somewhat impressed with a respect for philosophy, but by no means incapable of entertaining admiration for philosophers.'—P. 185.

The *second* part of the *Appendix* admits not of analysis. It consists of a number of cases, medical depositions, and examinations, calculated to serve as landmarks or beacons to the medical witness, with the occasional commentary of the author. These are altogether so curious and interesting, that we will not give the preference to any by a selection, and the number is too great to admit even of a simple enumeration of them all. The reader will be both amused and instructed by perusing them, and for that purpose we refer him to the volume itself.

We cannot take leave of the author on this occasion without expressing our obligations to him for the zeal and

ability with which he has prosecuted and advanced the study of public medicine in this country. The observations and researches which he has embodied in this work will greatly assist medical men in their preparations with a view of appearing as witnesses in courts of justice or of inquiry; and no one, in our opinion, should think of passing through such an ordeal without having attentively perused them.\*

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## II.

*A Treatise on Moxa, as applicable more particularly to Stiff Joints: illustrated by Cases and Plates; with some general Observations on Spinal Disease.* By JAMES BOYLE, Esq. &c. &c. 8vo. Pp. xxii. 168. London, 1825.

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WE took occasion to direct the attention of our readers to the use of *moxa* in several diseases, when we reviewed Dr. Dunglison's translation of Baron Larrey's treatise on the employment of this substance.† Since that period Mr. Boyle has used the *moxa* in several cases; and, in the treatise now before us, he presents us with evidence of its great utility, and with, as it appears to us, an original manner of employing it. First, as to the evidence of its efficacy in certain disorders: and here we give the details of the first case, which we know to be faithfully related.

' In 1821, whilst serving in India, Mr. R. H. C., an officer in the royal navy, had a severe attack of acute rheumatism, which more particularly affected the right knee. According to this gentleman's very accurate description of the case, there was violent inflammation; the symptoms having been great swelling, redness, heat, tension, uncommon sensitiveness, and severe lancinating pain. Various remedies were employed to no purpose; and the frequent application of blisters, it was believed, did much mischief. On his arrival in England, his general health had suffered serious deterioration; the muscles of the leg and thigh were much wasted, and the knee was still enormously swollen. It was supposed, that the local affection depended upon a generally deranged state of his

\* We may do the author the justice, which he has neglected to do himself, of alluding to the circumstance of the present volume having been written in intervals of ease, occasionally experienced during a long, and what we have hitherto found, in his case, to be an almost irremediable indisposition. But it is to be expected, that relaxation from the severer studies in which he has been engaged, at the same time with the adoption of medical means, which were unavailing whilst his mind was intent upon matters the prosecution of which were calculated to prolong existing bodily derangement, will restore a member of the Profession, who has contributed to its science, to that enjoyment of life which he deserves.

† See REPOSITORY, Vol. XVIII. p. 242.

health, and that, by improving the latter, the former would subside of itself; so physicians of eminence were consulted, till at length good health was re-established; but without effecting the slightest improvement in the local disorder. The case being now altogether surgical, he had the advice of those men who in reputation justly stand at the head of the profession: each pursued his particular plan of practice, and each in turn pronounced the case one not to be cured. In addition to all the common, and more probable means of success, *Mahommed* of Brighton's shampooing and medicated baths were tried. In this way two years were passed; the chances of recovery being naturally diminished in proportion to the duration of the complaint: last of all, he was advised to relinquish every idea of public service.

When consulted, I found the knee to be greatly enlarged, painful, and hot to the touch; the enlargement being the more conspicuous, in consequence of great wasting both above and below the joint. There was scarcely any action of the leg upon the thigh, and the patella had no apparent motion, being bound down, I supposed, by thickening and condensation of the cellular membrane with which it was surrounded. On each side of the ligamentum patellæ, immediately under the inferior margin of the patella, a hard mass of substance, about the size of a finger, and having a cartilaginous feel, greatly contributed to the fixed state of that bone; limiting the sphere of its natural action, and rendering its motion impossible. It was believed that a thickening of the ligaments, but particularly of the capsular, existed; and from the great degree of heat, as well as much sensitiveness, it was concluded that deep-seated inflammation was still going forward. With this impression, twenty-four leeches were applied, and the bleeding kept up by hot fomentations. On the second day following, the heat of the part being still above the natural standard, twenty more leeches were had recourse to; the fomentations were again used, and on this occasion a large bread poultice was placed round the knee. After this, evaporating lotions were persisted in, till the temperature of the affected part was reduced to par. Fearing now a sudden reflux of blood to the numerous enlarged vessels surrounding the knee, small doses of digitalis were administered; this appeared to answer the purpose effectually, so the application of *moxa* next became the remedy for consideration.

A small quantity of the *Chinese moxa* having been procured, about the size of a hazel nut, compressed between a pair of common dressing forceps, was lighted and held as near the part as could well be borne, till it entirely burned away; and this was repeated three or four times on each occasion of its application, which at first was three times a week, varying a little the part over which it was placed at each repetition. To effect motion of the patella being an object of great importance, attention was more particularly directed to that. In general, therefore, the circumference of the patella was divided into four portions, which were considered the most favourable for the action of the material under consideration.

‘ After this apparent ordeal, which, in truth, was by no means painful, the knee was rubbed for fifteen minutes with camphorated oil; a flannel bandage was then passed with moderate tightness, for the purpose of keeping up whatever new action in the absorbents and veins the *moxa* might have induced. Finally, manual efforts were used to extend the limb; supposing that much of the stiffness depended upon a rigidly contracted state of the fibres of the flexor muscles. In a few days it was satisfactory to observe the advantages of this system; for although the improvement was, at first, so slow as to be scarcely perceptible to the eye, we had assured ourselves of its reality, by applying a scale in the ham, and marking it up to the point gained. The circumference of the knee was soon reduced; but the thickening of the cellular substance in the neighbourhood of the inferior portion of the patella was so indolent, that caustic issues were deemed advisable: this, however, did little except interfere with the more successful course which had been previously commenced, and was consequently discontinued. Having expended all the foreign *moxa* which could be procured in London, a composition, resembling the Chinese *moxa*, was obtained from Paris: this secured the preference, and, being easily imitated, a similar preparation was continued.\*

‘ Attention was directed to every part of the knee in which pain was felt on making extensory motion, but more particularly to the patella, until it had acquired nearly as much freedom as in the natural state; at which time the muscles of the leg and thigh had filled out, flexion and extension were almost complete; in fact, the parts surrounding the knee presented nearly their proportionate form and pliability: finally, walking, dancing, riding, and the hot baths of Brighton, were practised as a wind-up to the cure. For the last fortnight the *moxa* heat was applied daily, and its influence directed as much as possible under the patella, by elevating its edge, and moving it as much as possible from its confined situation.

‘ To shew that *moxa* was the important agent of cure in this case, it is right to state, that blisters, camphorated mercurial ointments, mercurial plasters, friction, shampooing, pressure from straps, the occasional application of leeches, and a variety of other well-known measures, had been separately and fairly tried, but without avail.

‘ A few weeks after this gentleman had recovered the entire use of his limb, he had the gratification to be again employed in the public service; and has since enjoyed the best of health.’—Pp. 22—30.

This case is extremely satisfactory, and creditable to the author. Its length, however, prevents us from allowing

\* ‘ This preparation is made by dissolving one ounce of nitrate of potass in a quart of water, and therein saturating a quantity of fine cotton wadding, which being dried and formed into small parcels, is enclosed within paper cylinders, about half an inch in diameter, and one inch in height. It burns in an extremely slow and gentle manner; and only requires being kept dry, to be fit for use at all times. I do not know any substance so well calculated to fulfil the purposes for which this is employed.’

space for the quotation of more than one of the other cases detailed in the volume.

‘ Mr. M. consulted me on the 16th July last, respecting swelling and pain of the right knee, which had commenced four months previously, accompanied with rheumatic symptoms. Cupping and blistering were first practised; the former lessened the swelling and inflammation, but the latter, in this gentleman’s opinion, rather increased than diminished the pain and stiffness. Friction, with camphorated mercurial ointment, was finally adopted, and continued for a considerable time without benefit.

‘ This gentleman was young, and apparently in good general health; there was no evident inflammation round the joint—but in its interior, a sensation of obstruction, and acute pain when walking or standing upon that limb. Four, five, and sometimes six cylinders, of the usual composition, were burnt round the site of the articulation, followed by friction, with a stimulating liniment. On the day following, the gentleman expressed himself, confidently, of having been relieved, and after ten similar and successive, or daily applications, all pain and rigidity of the joint were effectually removed.’ — Pp. 74, 75.

The author has detailed eleven other cases, in which the use of the *moxa* proved more or less serviceable.

We now advert to the manner which he adopted of using this substance. And here we prefer that he speak for himself.

‘ Previously to the application of *moxa*, the state of the part is to be attended to; and if there be inflammation, that is first to be removed by such means as, from the peculiar circumstances of the case, the Surgeon may deem advisable. It is sometimes convenient to place a piece of sticking plaster, with an opening in the centre, over the portion about to be operated upon, for the purpose of defending the surrounding parts from sparks, which occasionally escape from the composition; the cylinder is then to be taken within the forceps, *lighted at both ends, and applied within about an inch and a half of the part; this distance being increased or diminished in proportion to the patient’s feelings*: it should be so applied as to cause a slight degree of pain, and the *moxa* is to be prevented from losing the necessary heat, by urging it in a gentle manner with the breath, or by means of a blow-pipe. The patient will occasionally experience a sensation as if the heat were actually passing through the part to which it is applied; sometimes itching or slight smarting pain will follow, which may be momentarily removed by the use of a little camphorated liniment.

‘ As regards the success of the remedy, much will depend upon the point selected for its application, and the judgment of the Practitioner in deciding whether the case be a fit one for its employment or not; but as relates to the mere mechanical part of applying this powerfully revulsive agent, no great degree of skill is requisite.’ — P. 95—97.



Mr. Boyle thinks that this method of employing the moxa is very far preferable to that adopted by the French and other Practitioners, inasmuch as it excites the absorbents to remove morbid depositions, and stimulates the nerves of the part without increasing the action of the arteries; whilst the mode formerly in use acts merely as a revulsive or counter-irritant, and is frequently hurtful when injudiciously employed. As to this latter particular, Mr. B. expresses himself as follows:—

‘Baron Larry has objected to the application of moxa to certain parts or structures of the body, and perhaps his objections hold good when the material is applied to excess; but according to the mode which I have been in the habit of practising, restriction appears quite unnecessary; I have applied it over tendons and glands (parts to which the Baron has entirely forbidden its use), and yet not the slightest evil consequence has been observed to arise from such application; but, on the contrary, with anticipated benefit.’—P. 93.

‘The number of the *moxa* cylinders employed, and the duration of their application, should be regulated by the magnitude of the joint, or other part affected; and also by the particular degree of susceptibility present,’ &c.

The next part of the author’s volume consists of ‘*Observations on Remedies usually Employed in the Treatment of Diseased Joints, considering them in the order in which they are most used.*’ Here he commences with remarks on *Cupping and Leeching*, and expresses his preference of leeches to cupping when the inflammation is superficial; but when inflammation is deeply seated, ‘and there is no redness or discoloration of the surface, cupping maintains the superiority; as by this, the blood is taken from more deeply seated vessels, which are likely to be those upon whose deranged action the disease immediately depends.’ He conceives, also, that cupping, particularly dry cupping, proves beneficial from its distending the superficial vessels, and relieving those more deeply seated.

With the following remarks on the use of blisters we perfectly agree:—

‘*Blistering.*—On a review of the foregoing cases it will appear, that the above remedy, when practised, was invariably followed by mischievous consequences; and general experience has fully convinced me, that no very favourable result should be anticipated from the application of a blister to a joint which is but thinly covered: indeed, when applied over a moveable part, or a part intended to move, in a great majority of cases, the reverse of the object in view (counter-irritation) will be the result of the practice. When the effect of this remedy turns out otherwise than what is

stated in allusion to *joints*, the circumstance depends on want of power in the blistering material, or the cavity of the joint being at a great distance from the intervention of muscular parts, as is the case with the hip-joint: but let it be supposed, for example, that chronic inflammation is going on in the knee-joint, the question is, whether a blister immediately over the seat of the affection, or in a depending position somewhat underneath, would be most serviceable? On the very principle for which the remedy was employed, would it not be certainly more advisable at the latter point, as, independently of greater connexion between the vessels of the surface and those in juxta-position, under circumstances of chronic or sub-acute inflammation, on applying a blister, the distended state of the local vessels, and the pressure of serum, which is a consequence, would materially tend to increase the deep-seated irregularity, both in the exhalants and absorbent vessels? Not so, undoubtedly, when a blister is applied underneath the knee, or the diseased part, because here the connexion of the vessels is not so great; besides which, the accumulation of serum, in consequence of the counter-irritation, is so far distant from the seat of the original affection, that it must divert rather than augment the disease.

‘The blistering process, also, is too frequently kept up for an indefinite time; during which, quiet is strictly enjoined; at all events, the part is kept in a tranquil state until the healing of the abraded surface is accomplished; when, if pain had previously existed, it, perhaps, will have been removed; but if the joint be *thinly covered*, motion is too often lessened, or altogether obstructed. During this period of inactivity the deposited lymph accommodates itself to the internal surface of the capsular ligament, and the articulating extremities of the bones forming the joint; whilst, there being no friction applied to the *bursæ mucosæ*, they, on the other hand, cease to secrete their wonted lubricating fluid; and this I believe to be the manner in which blisters do mischief when applied indiscriminately to the immediate vicinity of joints. When perpetual blisters are employed, the muscles in the neighbourhood, from want of action, so completely lose their power, that when an attempt is made to use them, these muscles are found to be no longer within the government of the mind, and the attempt is painful or nugatory.’ — Pp. 101—105.

Of *Setons and Issues*, the author thinks more favourably, and considers ‘that other vessels than those in the immediate vicinity are not evidently excited by this mode of perpetual abstraction.’ He properly cautions against employing these remedies either for too short or too long a period; as in the former case they will be inefficacious, and in the latter they debilitate the limb. He also cautions against precipitately healing a seton or issue, and alludes to the consequences generally observed from such improper practice.

Of *Friction*. — ‘A slight rigidity of muscular fibre,’ the author observes, ‘such as the sequelæ of rheumatism, or—’

cold, may be benefited by friction; but if there be long-continued contraction, and, consequently, shortening of muscle, or much ligamentous thickening, this remedy will have but little effect. When there is any degree of pain, or a sensation of morbid heat, friction appears altogether inadmissible.' — P, 111.

The other parts of the volume relate to affections of the spine and its muscles—a subject which has recently been brought before our readers—and to the more common causes of spinal and joint diseases in infants. The author's observations on these subjects do not seem to us to be novel: they, however, will reward a perusal: for this purpose we refer our readers to the work itself, which, although occasionally inaccurate in its style, contains much sound practical information as to the topics of which it treats.

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## PART III.

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### ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND  
SURGICAL SCIENCE AND LITERATURE.

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#### I.

*On Pregnancy, accompanied with Ascites*. By the Chevalier ANTOINE SCARPA, Emeritus Professor, and Director of the Faculty of Medicine in the University of Pavia.—(*Mélanges de Chirurgie Etrangère*. Tome I. Genève, 1824.)

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THE memoir on this subject, by the 'father of Italian surgery,' commences with some general remarks on the collection of water within the uterus, and in the abdomen external to the uterus. Excessive œdema of the lower extremities, enumerated among the most troublesome accompaniments of these affections, is not, we think, a very common one, although it is curious that it very often exists with a smaller degree of abdominal distension. When the dropsical accumulation occurring during pregnancy is external to the uterus, the affection is much more serious than when it merely consists of an unusual abundance of the *liquor amnii*, and requires surgical aid. An extreme case of this kind is given at some length: there was almost insupportable dyspnœa, frequent faintings, anasarca of the lower extremities, inability to lie down, and nearly a total want of sleep. In this case, Scarpa performed the operation of paracentesis abdominis in the left hypochondriac region, the

fluctuation being much more distinct in that part of the abdomen than in any other.\* Between twenty-five and thirty pounds of water were drawn off with much relief: labour came on the next day, and the woman was delivered of twins of six months, neither of which survived many minutes. Scarpa remarks, that the size and position of the gravid uterus at the sixth month, and the consequent situation of the intestines at that period, (*as illustrated by Hunter's plates of the gravid uterus*;) shew that the aqueous collection must take place in the hypochondriac regions, a circumstance which lessens the apparent danger of performing paracentesis there. The size of the spleen being less than that of the liver, the collection will be greater in the left hypochondrium than in the right, so that there is no risk of injuring either the uterus or the intestines. An opportunity occurred to Dr. Cruch, surgeon to the hospital at Pavia, of verifying this fact, by examination after death of a patient who had been the subject of the operation, and who died in childbed a few days afterwards.

At the same time, Scarpa does not consider puncture of the uterus so dangerous as some other writers, although he observes, it cannot be necessary when the ascites is external to the uterus, and may probably be dispensed with when both kinds of accumulation are combined in the same patient; for after the evacuation of the abdominal collection the uterus may be excited, by sympathy, to expel that which it contains also; or, the prompt performance of paracentesis abdominis may excite the absorbents of the lower abdomen to increased action, as well as increase the secretion of urine.

Of course, one of the most important points in these cases is, to be well assured of the state of things before proceeding to the operation; and we shall therefore give the diagnosis in the words of the author himself.

\* A nearly similar case occurred to us a few years since. A lady, under thirty years of age, residing in the vicinity of Vauxhall, had been dropsical for several years, but became pregnant soon after the dropsical disease was removed. As she advanced in pregnancy the dropsy returned; and her state became so distressing that we repeatedly recommended the fluid to be drawn off. This, however, she refused; but, owing to great attention, she reached the full period of utero-gestation, and was delivered of a healthy full-grown child. The medical means adopted soon after her delivery procured a most profuse secretion of urine. She suckled her child, and remained free from any dropsical effusion until after it was weaned, when the dropsy returned, and became more general, and complicated with hydrothorax. Blood-letting, a course of mercury, diuretics, and saline deobstruents, &c. continued for a considerable time,—means which were all resorted to in her previous attacks with great benefit,—succeeded in procuring permanent relief. The continued use of the saline deobstruents and aperients, for a long time after ptyalism had been produced, at last brought away motions, which were described by the patient as being of a 'pitchy blackness.' These remedies were continued until the stools became natural. Three years have now elapsed without any interruption of her health. She has not again become pregnant. She has had only two children.

‘As regards the diagnosis of the two forms of dropsy mentioned above, when they exist separately, we are not without sufficient means of distinguishing one from the other. For when the uterus alone is dropsical, the abdomen, even at the fifth month after conception, has a regular form, as at the full period of pregnancy. If there is any motion of the fœtus, it is irregular and very feeble: the patient has no particular thirst; and when the abdomen is struck in any part, there is only a deep and obscure undulation. It is indeed surprising that the dropsical-gravid uterus, when it does not exceed the size of the uterus at the full period, should threaten suffocation, although pregnant women, even when approaching the period of delivery, are not exposed to this danger. But our surprise ceases when we consider, that, in the ordinary circumstances of pregnancy, the distension of the uterus takes place by almost insensible degrees, and the peritoneum, the abdominal muscles, and the integuments, accurately and gradually conform to this distension; the result of which is, that, about the fifth month, the gravid uterus departing by little and little, from the perpendicular line of the body, forwards, gradually ceases to push the abdominal viscera upwards towards the diaphragm. But as the dropsical-gravid uterus, about the fifth month, rapidly acquires the volume of the gravid uterus at the full period, whilst the peritoneal sac, the abdominal muscles, and the integuments, remain rigid and unyielding, it is retained in the longitudinal axis of the body of the woman, and so continues to compress the abdominal viscera from below, upwards towards the diaphragm, and to diminish the cavity which contains the organs of respiration.

‘The symptoms of *acute* ascites associated with pregnancy are essentially different from the preceding. The regular shape of the fundus and body of the gravid uterus cannot, under these circumstances, be distinguished by the touch, chiefly on account of the enormous distension and prominence of the hypochondria, the consequence of the quantity of water interposed between the fundus and posterior parietes of the uterus, and of the pushing up of the abdominal viscera towards the diaphragm. The urine is scanty and brick-coloured; the thirst continual; fluctuation is obscurely perceived on percussion of the abdomen in the hypogastric region and the flanks, but sufficiently, distinctly, and sensibly in the hypochondria, and strongly and *vibratorily* in the left hypochondrium, between the upper portion of the external side of the rectus muscle and the border of the false ribs: it is consequently in this place that we may in these cases perform paracentesis of the abdomen, without injuring the fundus or body of the uterus, or any of the abdominal viscera which surround it; as has been in the above instance shewn in our surgical practice.’

The operation seems in all the cases to have been followed in a short time, at most in a few days, by premature labour; but yet to have been fully justified by the dyspnœa, the pains, and the impending suffocation, to all which it brought immediate and complete relief.

We have collected the materials for this notice from the first volume of a Miscellany of Surgery, published by a society of Surgeons at Geneva: containing papers selected from the publications of the Surgeons of other countries. More than half of the articles in this first number are from eminent Surgeons of our own country; a circumstance equally flattering to us, and honourable to the Genevese conductors. The central situation of Geneva renders it, as the editors remark, very favourable for the compilation of a work of such a character; and as they seem chiefly to collect together papers recommended by some invention or novelty, and do not engage to issue the future volumes of the work at any stated periods, there can be little doubt of their being enabled to render every volume valuable.

## II.

*Tableau des Maladies observées à la Charité, dans les Salles de Clinique de M. le Professeur Cayol, pendant le deuxième trimestre de 1824. Par M. BAYLE.*

*Report of the Diseases observed at la Charité, in the Clinical Wards of M. Professor Cayol, during the second quarter of 1824. By M. BAYLE.*

(Continued from page 151.)

THE points relating to continued fevers, on which Professor Cayol endeavours to fix the attention of his clinical pupils, are the following:—

‘ 1. It is incontestable that the progress of pathological anatomy has limited the number of idiopathic fevers (*fièvres essentielles*); and that many diseases which used to be ranged under that class belong to symptomatic fevers; for example, many cerebral, and some enteric phlegmasiæ. But the existence of idiopathic fevers, in the proper sense of that term, has only been better demonstrated by our improved acquaintance with the symptoms of local affections; and they have peculiar and characteristic features which do not allow of their being confounded with the symptomatic. The local affections observed in the progress of them bear no relation, in intensity, to the general symptoms, and, except in complicated cases, are rather sanguineous or serous congestions than true phlegmasiæ; and, moreover, do not exist antecedently to the fever, but follow it, and most frequently only occur towards the end of it; from which it may strictly be inferred that they are not causes, but effects. The phenomena of idiopathic fevers are better explained by those of eruptive, nervous, or pestilential fevers, than by such as accompany local inflammations.

‘ 2. In the attempts which have been made of late years to explain all fevers by inflammation of the gastro-intestinal mucous membrane, effects have frequently been taken for causes. The redness of the tongue which has been so much insisted upon, is, as



well as the heat of the skin, one of the primitive phenomena of fever. Whenever there is an accelerated circulation and respiration from any external or internal, physical or moral cause, that is to say, whenever there is fever, we observe nearly at the same time heat, with more or less dryness of skin, and this febrile heat is connected with an analogous condition not only of the gastro-intestinal mucous membrane, but of all the mucous membranes. Whenever the skin is hot and dry, the tongue is red. At the same time that there is redness of tongue, thirst, anorexia, and tenderness of the epigastrium, there is also heat and uneasiness of the chest, in the air-passages; sensibility of the conjunctivæ, with or without redness; dryness of the pituitary membrane; high-coloured urine; lassitude; pains in the loins, &c.; and all these phenomena evidently depend on the same cause, namely, on the movement of expansion and turgescence which characterises the first stage of fevers, and the immediate effect of which is to propel the blood in greater quantity into the capillary net-work of the skin and mucous membranes. The fever is not more a gastro-enteric fever than it is a cystic, or a nephritic, or a bronchitic fever.

‘ 3. Whilst the skin and the mucous membranes, in consequence of this febrile movement, are the seat of a powerful sanguineous congestion, by which also their sensibility is increased, the slightest causes of irritation may excite inflammation in them. Hence arises the necessity for a mild and regulated temperature, and strict attention to diet, during the first or turgescient stage of fevers. If, instead of this, irritating matters are taken into the stomach, they easily determine an actual inflammation of the gastro-intestinal mucous membrane, which inflammation may become so intense as to produce a symptomatic fever, and thus modify the original disease. Such, according to M. Cayol, is the origin of most of the examples of gastritis, or of gastro-enteritis, which are met with in the hospitals. It is well-known that the common people almost always administer hot wine or other stimulating drinks from the very beginning of fevers: sometimes an abundant perspiration is thus excited, which cuts short the complaint; but much more frequently a certain degree of inflammation is raised up in the mucous membrane of the first passages.

‘ When a patient comes to the *clinique* with continued fever and symptoms of gastric or intestinal irritation, M. Cayol questions him concerning the regimen he has observed since the accession of the malady, and he generally discovers that the fever preceded the local affection, and that the latter is the result of direct excitement. It is in these cases only, which are very common in the hospitals, that this Professor orders leeches to the anus or to the epigastrium.

‘ When the patients, on the contrary, have confined themselves, from the invasion of the fever, to a moderate diet and in a moderate temperature, the redness of the tongue is always observed to bear a relation to the heat of the skin; but this redness, although attended with thirst, and sometimes with a slight tenderness of abdomen, is

not accompanied with the other symptoms of inflammation. It is observed to decrease together with the heat of the skin, without any recourse being had to leeches; and in those cases where general symptoms of plethora exist, general bleeding appears preferable to that from the capillaries.

‘ For the same reason that the ingestion of stimulating drinks easily produces gastritis in the first stage of fevers, the inhaling of cold air or irritating vapours readily excites inflammation of the mucous membrane of the air-passages; and this common complication of idiopathic fevers is generally more troublesome than gastric or intestinal irritation. There is this peculiarity when catarrh thus occurs in the course of idiopathic fever, that it does not ordinarily discover itself by cough, but only by an acceleration and oppression of the respiration, and by the mucous rattle (*râle*) conveyed by auscultation; without which method of exploration, we should in most cases be unable to recognise this troublesome complication of fevers. M. Cayol generally combats it successfully by the application of the cupping-glasses and scarificators to the sides of the chest, near the origins of the serratus magnus; and he occasionally pursues this plan in simple sanguineous congestion of the lungs.

‘ Continued fevers of the existing character generally commence by a state of sanguineous turgescence, which requires the administration of diluting drinks, and sometimes calls for bleeding. As regards the local affection which accompanies them, if they did not precede the fever, and do not exhibit an inflammatory character, M. Cayol pays very little attention to them, and refrains from pursuing them with local bleedings, which, by impoverishing the capillary system, delay the crises, and prolong the period of convalescence. If the head continues disturbed when there is no longer any antiphlogistic indication, he applies blisters to the legs; and he only has recourse to blisters behind the neck when the symptoms of cerebral congestion remain a few days afterwards.

‘ In this second stage of fever, if the mucous rattle remains, he prescribes the decoction of polygala seneka with advantage. At a later period, if petechiæ make their appearance, or eschars on the sacrum, or the blistered surfaces put on a putrescent appearance, (the suppuration being excessive, and ichorous or sanious, with sharp pains,) quinquina is decidedly indicated; and M. Cayol gives a dram of the dried extract in a mucilaginous or acidulated draught for a dose, ordering the blistered parts to be washed several times a day with a strong decoction of quinquina, and to be dressed with opiated cerate.’

*Bilious Continued Fever.* — Five cases have been admitted during this *trimestre*, characterised by a bitter taste in the mouth, a yellowish slimy coating on the tongue, nausea, pain in or below the orbits, more or less yellowness of the face, particularly about the mouth and *alæ nasi*. “ When a patient,” says M. Cayol, “ has this assemblage of symptoms, an emetic appears to me to be indicated, with chicoraceous decoctions: in this way evacuations are

always easily procured, and followed by immediate relief. Where the bilious symptoms are accompanied with signs of inflammatory action in the stomach or intestines, such as redness and dryness of the edges of the tongue, acute sensibility of the stomach or bowels, one or more bleedings are premised to the emetic. If the bilious symptoms do not appear until the second stage of fever, I prefer purgatives to emetics. I have constantly observed, that if persevering attempts were made to combat the bilious symptoms by leeches and mucilaginous drinks, the fever was indefinitely prolonged, and the patients remained a long time after its cessation in a state of languor and distress, terminating occasionally, and at a longer or shorter period, in the breaking out of furunculi or other eruptions."

The five cases of bilious fever admitted during this *trimestre* were treated according to these principles, and all of them were cured in the first or second week. None of them experienced the slightest gastric or intestinal irritation after evacuations; but all, on the contrary, were immediately relieved, all experienced a sensible amendment after the effect of purgative medicines, and solicited a continuation of the same treatment. These circumstances were repeatedly pointed out to the pupils by M. Cayol, to teach them to disregard the systematic declamations of the followers of novelty, who disregard both bilious fevers and purgatives, and have ventured to assert, that when a fever patient is purged who has a yellow complexion and slimy tongue, *we are playing at double or quits*. Five successful examples in succession are a sufficient refutation of this strange assertion. One of these patients was a mason, aged twenty-two, who had had two paroxysms of tertian fever before being admitted into the hospital: he had two more with one day's interval; and the fever then became continued, with the following symptoms:—dry and burning skin; acute pain below the orbit, with difficulty in moving the globe of the eye; yellow tinge, particularly round the lips and alæ of the nose; clamminess, with bitter taste in the mouth; tongue thick, red at the edges, covered in the centre and towards the base with a moist, yellowish, slimy coat; pain of epigastrium, not sensibly augmented by pressure; abdomen soft; constipation of two days' continuance; oppression; low spirits; heavy pains in the limbs. (*Two grains of tartarised antimony in three doses, at intervals of half an hour; lemonade; a glass of decoction of bitter chicory evening and morning; laxative enema.*) The emetic caused vomiting of a great quantity of greenish, stringy, and very bitter bile, without difficulty, and the patient immediately felt much relieved: in the afternoon he had three alvine dejections. The next day, the countenance was calmer and more serene; colour of the face clearer; tongue less yellow, and still moist; heat of skin much less than the day before. (*The same drinks and diet continued.*) The condition of the patient improved rapidly; but the tongue still remained slimy, and the face a little yellow. On the fourth day, the common purgative formula

of the hospital was prescribed, which produced five or six dejections, without pain of abdomen. This mixture was repeated twice afterwards, with intervals of two days. On the ninth day, the fever had ceased; he had recovered his gaiety, and his tongue was clean. Food was allowed; and, after a few days, the patient left the hospital perfectly cured.'

The other four cases of bilious fever were so analogous to the preceding one, that it would be superfluous to give any details of them.

(To be concluded in our next Number.)

### III.

*Sur les différens Degrés de Résistance Vitale dans les Maladies, déduites des Rapports des Lésions Organiques avec leurs Effets.*  
Par L. MARTINET, D.M., &c.

*Of the different Degrees of Vital Resistance in Diseases, deduced from the Relation of Organic Lesions with their Effects.* By M. L. MARTINET.

(Concluded from p. 157.)

' CASE IV.—*Symptoms of Peritonitis; fuliginous Coating of the Mouth; extreme Prostration of Strength; repeated Applications of Leeches to the Abdomen; a sound state of all the Viscera, and of their Envelopes.*

' Rosine Choisi, aged twenty years, a laundress, of the lymphatic temperament, entered the *Hôtel Dieu*, on the 29th of January, 1822, in a state of great moral depression, and inability to answer what was asked her, although she seemed to understand what was said.

' January 30th.—Abdomen swollen, tympanitic, and painful on pressure; tongue dry, parched, and covered, as well as the teeth, lips, and gums, with blackish crusts; continual and plaintive moans, expressive of acute pain; inability of answering questions; pulse small, contracted, and very frequent; extreme prostration of strength; respiration free.—*Forty leeches on the abdomen; emollient fomentations; an emulsion with infusion of the althæa officinalis; lavemens.*

' 31st.—Tongue somewhat less dry, but the abdomen still as painful, especially toward the right side; constipation; in other respects as before.—*Twenty leeches on the part the most pained; semicupium; emollient fomentations; lavemens.*

' Feb. 1st.—Tongue more moist, and a little cleaner; but the face is clay-coloured, and greatly changed; the abdomen still as much pained; no alvine evacuations; pulse scarcely perceptible. *The same treatment. Twenty leeches on the abdomen.*

' 2d.—The tongue has again become dry; the abdomen is tympanitic, and very painful; the pulse is sharp, and very quick; extreme prostration of strength.—*The same treatment. Twenty leeches on the right iliac region.*

‘ 3d.—Diminution of the abdominal pain, but continuation of the meteorismus; tongue somewhat moist; pulse feeble and frequent: upon the whole, more sensible.

‘ 4th and 5th.—The symptoms remain stationary.—*The same treatment, with the exception of the leeches.*

‘ 6th.—Vomitings, great agitation, and delirium, have supervened. The abdominal pains and the fever are augmented.—*Blisters to the thighs; semicupium; emollient fomentations; pure water for drink.*

‘ 7th and 8th.—The debility has become more extreme; the abdomen remains tympanitic and painful; the mouth is less foul; delirium and agitation without remission.—*Æthereal draughts with camphor; the former treatment continued.*

‘ 9th.—Increase of the symptoms, and death.

‘ *Dissection*, performed with the greatest care, could not detect any alteration of the brain, of its membranes, of the lungs, of the pleura, of the heart, or of the pericardium. The peritoneum presented not the least trace of phlegmasia; it appeared in its most healthy condition. The stomach, the intestinal tube, the liver, the spleen, the kidneys, and the urinary bladder, were all perfectly sound.’

We are inclined, from the details here given, to view this case as one of continued fever, in which the peritonitic symptoms were developed during its course. The patient had evidently been ill for several days before her admission into the hospital; and, even granting that peritonitic inflammation had really supervened (an inference which ought not to be necessarily drawn from the existence of pain and distension of the abdomen), it is extremely probable that the application of one hundred leeches on the patient's belly, in the advanced stage of the fever, and the depressed or exhausted state of her vital energies, whilst it may have dissipated every trace of the previous existence of inflammatory action, if it did exist, also sunk these energies beyond the possibility of recovery. It should also be remarked, that the pain and distension of the abdomen were not relieved by the leeches, and that both these symptoms continued till death—a proof that they did not result from inflammation. Debility, however, advanced, and to this were added delirium and continued agitation—symptoms denoting, as experience has shewn us oftener than once, that depletion had been carried too far for the condition of the patient. Practitioners ought also to be aware, that experience and close observation have proved that most acute abdominal pain and distension may exist, without arising from acute inflammatory action.

‘ **CASE V.**—*Irregular Menstruation; Hæmaturia succeeding to Epigastralgia, and an habitual Difficulty of Respiration; Syncope supervening suddenly during the course of a slight Ailment, and its third appearance becoming mortal. Chronic Gastro-Enteritis.*

‘ Marianne, aged thirty-four years, had been subject to irregular menstruation from the thirteenth to the twenty-fourth year of her

age, during which time her ailments were various and numerous. At the thirty-third year of her age menstruation was again deranged; the urine presented a reddish and sanguineous appearance, particularly about the period of menstruation, which had itself become less and less copious: finally, real hæmaturia was established. The lower extremities became anasarcous; but bandaging removed this in the course of eight months. However, the hæmaturia was present only in a slight degree, and the menstrual evacuation had resumed its natural course, although in small quantity, when, at this period, pain fixed itself at the epigastrium. This pain was increased after meals, small as they were; it was frequently accompanied with nausea and vomiting, frequently also the patient suffered severe dyspnœa. She, nevertheless, continued her ordinary occupations; but her illness continuing, she entered the *Hôtel Dieu* in the month of April 1824. During the time that we observed her, she complained only of an acute pain at the epigastrium, of nausea, sometimes of vomiting, and of formication in the right side of the head, and in the arm of the right side: she was quite free from fever. Occasionally she suffered considerable difficulty of breathing, but this was evanescent. She was relieved, for a very short time, by the exhibition of an emetic; leeches were applied to the epigastrium, which was constantly pained, but without sensible effect. Finally, after having used the wine of cinchona, assafoetida, and warm baths, this female quitted the hospital in the same state as when she entered it.

‘ On the 3d of June she again entered the hospital. Her symptoms were then—a sense of constriction about the upper part of the chest; painful respiration; difficult expectoration; slight cephalalgia; vertigo; injected conjunctivæ; much thirst, and want of appetite; tongue white, and red and humid at its margins; severe pain at the epigastrium from the slightest pressure, but none in the rest of the abdomen; constipation; full and sharp pulse; tolerably animated countenance; slight heat of skin.—*Infusion of the tilia Europæa, and of the parietaria officinalis; warm bath; emollient lavemens.*

‘ 4th.—Dyspnœa much less; expectoration easy; pulse but little more frequent than natural: the state of the tongue and the epigastralgia continued the same as before. (*The same treatment continued.*) On coming out of the bath the patient was suddenly seized with a cold perspiration over the limbs; the countenance became pale, the pulse small and slow, and the respiration almost insensible. This syncope did not continue long.

‘ 5th.—Respiration nearly natural; pulse soft and equal; little heat of surface; epigastralgia diminished; tongue rose-coloured, and a little more red towards its point. (*The same treatment.*) Another attack of lipothymia, more severe than the preceding, on coming out of the bath; threatened suffocation. (*Fifteen leeches to the vulva; sinapisms to the thighs; potion with ether.*) Frequent fits of vomiting during the night, and extreme agitation; colics; appearance of the menstrual flux.



‘ 6th. — The fits of vomiting and colics ceased; nausea; pulse natural; respiration free; temperature moderate; countenance much altered. During the course of the day the patient discoursed and joked with her friends: at eleven at night she was again seized with lipothymia, which instantly terminated in death.

‘ *Dissection, thirty-four hours after the period of dissolution.* — A livid colour of the integuments. A small infiltration of serum between the laminæ of the arachnoid, which in other respects was sound; pia mater gorged with dark-coloured blood; brain somewhat soft, especially the right hemisphere; cerebellum and annular protuberance were natural. The lungs were voluminous, crepitant, and sound; mucous surface of the bronchiæ was red in a few points; heart voluminous, and extremely soft; the left ventricle much dilated, without tenuity of its parietes, and contained a clot of blood: nothing particular as regards the other cavities or orifices of this organ. The mucous surface of the stomach was of a reddish-brown, marbled appearance, and softened in a considerable part of its extent. The small intestines were red in different parts; a whitish and purulent-like matter lined their interior surface. The large intestines offered nothing particular. The liver was granulated and dense; the spleen gorged with blood; and the kidneys healthy. The cavity of the uterus, which was a little dilated, contained a small quantity of a reddish fluid.’

‘ *CASE VI.—Epileptic Seizure; perfect Recovery of Intelligence, and of the different Functions; sudden Attack of Monomaniacal Delirium; Death the same day. Chronic Arachnitis; Phlegmasia of the Annular Protuberance.*

‘ A book-keeper, aged thirty-six, usually enjoying good health and strength, was seized, on the 2d of October, in the street, with an epileptic fit. He was brought to the *Hôtel Dieu* on the 3d, in a state of general convulsion, with insensibility and loss of consciousness. He was immediately bled.

‘ 4th. — The intellectual faculties are quite restored, and sensibility is in its natural state. Professor Récamier prescribed for him only the common *tisane*.

‘ 5th. — Apparently well in every respect. Furious delirium came on in the night.

‘ 6th. — Monomaniacal delirium; the patient is persuaded that he is poisoned, and has only a few hours to live; no fever, nor any disorder of the vital functions; his intelligence, as to matters having no relation to his idea of being poisoned, is perfect. (*Sinapisms to the feet; infusion of tilia Europæa.*) In the perfect conviction that those around him intended to poison him, this man refused to take any thing: he died in the evening unexpectedly.

‘ *Dissection, eleven hours after death.* — Marked embonpoint of all the body. The arachnoid, covering all the superior part of the cerebral hemispheres and the inferior region of the anterior lobe, is opaque and thickened: the subjacent cellular tissue is infiltrated

with serosity. The serous membrane on the cerebellum is also thickened and opaque, but less so than that of the cerebrum; it is healthy in the lateral ventricles. The pia mater is much injected: the brain is somewhat less firm than natural. The superficies of the convolutions is rose-coloured, and presents a number of small red points, which ablution does not remove: a much more marked redness exists in some parts than in others; the annular protuberance in particular is very much injected.

‘The lungs are considerably congested, but otherwise healthy. The internal membrane of the heart and of the aorta is of a dark red colour, without sensible injection of its capillaries. This tint remains after ablution, and extends to the fibrous coat, but in a less degree. The heart contained a small quantity of gas, which could be made to flow into the cranium through the internal carotids.

‘The mucous surface of the stomach is a little softened towards the pylorus, presenting herborisations, particularly towards its great *cul-de-sac*, where it is reddened and marbled. The duodenum is rose-coloured, and strewn with small points of a deeper colour. The large intestines and the other abdominal organs are perfectly sound.’

We shall not detain our readers with any remarks on this case: the author concludes with the following inferences:—

‘1st. That the vital resistance differs according to the individual: that the exterior appearance of the body, the constitution, and the temperament, are but insufficient means of ascertaining it,—hence the difficulty of diagnosis.

‘2d. That it is not necessary that the inflammation be intense to produce death, if the vital resistance of the subject affected be inferior to the degree necessary to support this extent of disease.

‘3d. That as death may take place without any appreciable organic alteration, so also may life continue in connexion with the most profound disorganisations, according as the vital resistance is feeble or energetic.

‘4th. Lastly, it is only, perhaps, from the medical history of each patient that the Physician can obtain sufficient data to ensure his prognostic.’—*Revue Médicale*, Octobre 1824.

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## PART IV.

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### MONTHLY COLLECTION

OF

### MEDICAL FACTS AND OBSERVATIONS.

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#### **PATHOLOGY.**

*Of Mental Alienation; with Fifty Cases in which the Brain was examined after Death.* By M. NEUMANN, Counsellor Royal of Medicine to the King of Prussia, and Physician to the Hospital of Charity, Berlin.

(Continued from page 162.)

CASE XIV. — Jeanne B., aged thirty, was delivered with ease; but the fourth day afterwards milk-fever supervened, which degenerated into a violent and furious delirium, without fever, and with a regular secretion of the milk and lochia. Ten days after the invasion of the disease, the patient was brought to the hospital, in a state of insensibility. Her pulse was extremely quick, soft and small; tongue black; eyes half closed and dull; sopor; breasts flabby; genital parts dry; alvine evacuations suppressed during three days.

The arachnoid was quite opaque, solid, and nearly as thick as the dura mater, with which it had contracted adhesions here and there. The cerebral vessels were full of blood: the uterus contained a sanguineous exudation.

CASE XV. — V. N. enjoyed good health until his fourth year, when he was affected with intermittent fever. He afterwards lost his spirits, and subsequently the faculties of speech, memory, and judgment, but he continued to hear and see. He grew as tall, notwithstanding, as a healthy child of his age; but the only manifestations of his will chiefly had relation to his extreme voracity. The sexual desire manifested itself when he reached thirteen years of age, with much force and promptitude. It was even requisite to tie his hands in order to prevent him from exciting the genital organs. He died in consumption, evidently induced by masturbation.

His head was regularly formed, and even fine. The dura mater, intimately united to the cranium, adhered, under the parietals, to the arachnoid, which appeared denser than usual, without having lost its transparency. The encephalon protruded through, and arose above, the incisions made in the dura mater. On opening the lateral ventricles, a considerable quantity of serum escaped; and the brain, which was harder than usual, afterwards collapsed a little. The stomach was very large; and the mesenteric glands were, in part,

enlarged and hardened. The transverse colon had descended considerably towards the pelvic cavity.

CASE XVI. — J. S., a sugar-refiner, aged thirty-seven, had the mania of believing that he always was hearing the voice of a female, who tormented him, and followed him every where, especially by night. Indirect moral treatment was tried for more than two years without success. He died of apoplexy, after four years' stay in the Institution for Lunatics; previous to death, the right half of the body was struck with paralysis.

The cranium was well-formed: the meninges were closely united, and their vessels gorged with blood. The right lateral ventricle contained a little colourless serosity; the left was filled with a large quantity of bloody serum. The left corpus striatum was tinged red at its posterior extremity, near to the optic thalamus, and contained a small coagulum: nothing remarkable was noticed elsewhere.

CASE XVII. — C. B., a soldier's widow, aged seventy years, had been frequently brought to the hospital for attempts to commit suicide owing to melancholy, and each time she was dismissed calm and tranquil. Five months before her death, she came into the hospital in a state of great anxiety: she spoke not, ran constantly from one place to another, and refused nourishment. She soon fell into a state of marasmus, and finally died suddenly, quite exhausted.

The arachnoid was thickened, opaque, and adherent, in places, to the dura mater: much serum was collected beneath it, and in the lateral ventricles.

CASE XVIII. — C. F., a merchant's wife, aged thirty-one, lived for some time in a state of anxiety, without speaking, and was desirous of committing suicide. The cause of her melancholy seemed to be the loss of her children. By degrees her condition degenerated into a sort of absence of consciousness: she even swallowed with avidity the excrements which she had evacuated. She died, six months after her admission into the hospital, in a state of complete exhaustion.

The arachnoid was opaque, and thickened. Blood was effused on the right side, near the middle of the base of the cranium, and within the dura mater. The lateral ventricles contained a very little serosity. The four cavities of the heart and the pulmonary veins were distended by black coagulated blood: the liver was very large; and the gall-bladder gorged with fluid bile.

CASE XIX. — M. R., the widow of a cotton-printer, aged sixty-three, had been for many years affected with mania, which had passed, by degrees, into that state of tranquillity which is observed frequently to qualify the madness. She imagined herself a queen or princess; was extremely sensible of the least want of respect to her imagined rank; but with this she was lively, happy, and kept in her assumed character. She became affected with general dropsy, and died two months afterwards.

The cranium was thin; all the cavities of the body were full of

water; the encephalon was soft, but without any other alteration. The gall-bladder, which was very small, contained a number of small biliary calculi.

CASE XX. — A. M., aged thirty, enjoyed good health until the age of twenty-seven, when she fell into a state of idiotism, the cause of which was unknown. She was constantly laughing, and took notice of nothing around her but what related to food. She died of debility and emaciation.

The size of the cranium was very considerable, and its bones were very thin. The distended dura mater, when divided, allowed a great quantity of yellow serum to escape, which was contained between the convolutions of the brain and the arachnoid, which was completely opaque. The ventricles were also filled with serum. The encephalon seemed much compressed in every part. The left lung contained tubercles, and the gall-bladder a number of large gall-stones.

CASE XXI. — Lieutenant B., aged twenty-eight, had fallen, in consequence of disappointed ambition, into a state of violent frenzy, which passed insensibly into a mania in which the patient believed himself to be God. He treated every one and every thing with a fierce haughtiness; walked always straight forward, and never turned aside when he encountered any person or object, but pushed them from him. He gourmandised, threatened to punish, to roll his thunder, &c.; and he struck every thing before him, and was most turbulent. He continued in this state until eight months before his death, when abscesses appeared in his neck and perineum. From the period of the eruption of these abscesses, the system of his ideas changed entirely: he first became tranquil, mute, and in a manner absolutely passive; and, subsequently, he was always weeping and praying. When one abscess closed another broke out; even the external ear became the seat of an extensive and long ulceration. He fell, by degrees, into hectic fever, during which he lost his speech; and had scarcely strength to enable him to join his hands and move his lips. Paralysis of all the voluntary muscles; insensibility of the pupils; continued diarrhoea, without pain or apparent fulness of the belly; and, finally, death supervened.

The cranium was regularly formed: the encephalon and meninges were quite natural; the former might have been taken for a model of the healthy state. The pericardium contained about three ounces of serum. The whole intestinal canal was destroyed by suppuration: from the pylorus to the sigmoid flexure of the colon, there was only seen ulcer after ulcer, on the internal surface of the canal. A few of the ulcers had perforated the coats of the intestines, and the external surface of these viscera was soaked in a large quantity of a brown sanguineous sanies. The intestines were thickened, and spotted black. The liver was small and withered; the spleen still more so.

CASE XXII. — G., an epileptic from his infancy, became an idiot at the age of puberty, and his idiotism went on increasing; but it deserves to be remarked, that not the least indication of the

sexual appetite ever manifested itself in him. Five weeks before his death, during an epileptic fit, he struck his head against a pot, but did not injure the bone. From this period his idiotism increased to a state of complete apathy : general dropsy subsequently came on ; and the patient died of apoplexy at the age of twenty-six.

The cranium flat, very thick, and adherent to the dura mater, which presented, at the posterior extremity of its falx, a dentilated ossification between it and the arachnoid. An effusion of blood, to the extent of about an ounce, occupied the space of three square inches, under the right parietal bone. Under the arachnoid there was an abundance of yellow serum. The liver and spleen were œdematous ; the former was of a dull yellow colour ; the latter black. The gall-bladder was empty ; the mesenteric glands, in part, enlarged and hardened. The pleuræ were adherent in parts : all the cavities contained water.

CASE XXIII. — H., a female servant, aged forty-four, became melancholic and of a violent temper, in consequence of jealousy. Her state was at first ameliorated a little in the hospital ; but four months before her death, she was seized with slow fever, which increased insensibly, and became complicated with colliquative diarrhœa, under which she sunk.

The dura mater enclosed, at the side of the great longitudinal sinus, an ossification six lines in length, and two lines in thickness. All the vessels of the head were empty. All the ventricles, and even the spinal canal, were gorged with serum. The liver was larger than usual : the gall-bladder empty. The thoracic organs were natural.

CASE XXIV. — C. H., captain of cavalry, aged fifty, had dissipated a considerable fortune. He became maniacal, but his mania was of a singular kind : he could not endure fat persons, whom he regarded as parasites living at the expense of others. He imagined that all men with great appetites, and particularly women, of whom he did not even except the lean, were conspiring against the state. His conversation was very sensible as long as it did not fall on the topic of his mania, and whilst it was carried on with thin persons : he would not speak to those who were fat. He seemed healthy in body ; but was suddenly seized with a diarrhœa, which increased rapidly, and was accompanied with great paleness of the countenance and with fever in the evening, to which was subsequently joined a dyspepsia, having violent periodic paroxysms. The patient died of suffocation in one of those attacks.

The form of the cranial cavity, and the parts contained in this cavity, did not present the least alteration. The pericardium was distended with a collection of bloody serum. The abdominal cavity contained a little serum.

CASE XXV. — H. B., aged thirty-three, became first melancholic, and afterwards an idiot, in consequence of an unhappy marriage. During the two years that she was in the hospital, her idiocy degenerated into a total absence of volition. She died of debility and consumption.



The cranium was very thick, particularly its posterior part. The encephalon was flabby: the meninges were very loosely pushed upwards, evidently owing to the cranial cavity not being filled by the encephalon. The dura mater became detached from the bones without the least effort. The medullary substance of the brain was tenacious like leather. The ventricles contained a little water. The cerebellum was remarkably small, and as soft as *bouillie*.

CASE XXVI. — B., a taylor, aged forty-two, was admitted in a state of idiocy: he soon afterwards had an attack of apoplexy, of the consequences of which he died.

The encephalon flabby and thickened: the meninges full of blood: much serum in all the ventricles: the lateral ventricles were so distended as not to collapse after the escape of the fluid. The fourth ventricle, excessively dilated, had, in a manner, encroached upon, or consumed the substance of the cerebellum; so that this latter, after the evacuation of the serum, resembled a bag or purse which collapses and becomes small and flabby, after the discharge of its contents. The medullary substance of both the hemispheres of the brain were as soft as *bouillie*. A considerable quantity of serum escaped also from the spinal canal.

CASE XXVII. — A locksmith, aged forty, was admitted into the hospital, affected with hemiplegia, and entirely deprived of reason. He died three months after his admission, large eschars having formed on the parts compressed by the prolonged horizontal posture.

The appearances, on dissection, were absolutely the same as in the foregoing case. All the surface of the encephalon was, in addition to those, covered by an exudation of lymph. All the ventricles were excessively distended with water, and the substance of the brain soft as *bouillie*. The cerebellum, after the discharge of the fluid, was flabby, collapsed, and as if withered.

CASE XXVIII. — A miller, aged seventy, became an idiot after an attack of apoplexy, with paralysis of the right limbs and of the tongue: he was violent and furious, at times, notwithstanding his dumbness. He experienced several apoplectic attacks previous to the last, which carried him off.

The cranial bones were very thick; the dura mater and pia mater full of blood; clots of blood here and there on the surface of the encephalon. The right corpus striatum was excavated, its cavity filled with a yellowish serum, and so distended that the external layer of this body enveloped the fluid like a membrane. The two lateral ventricles were empty, and the plexus choroides filled with blood. In place of a cerebellum, there was a mass formed of coagulated blood and of cerebral substance mixed together: the fourth ventricle, considerably compressed, also contained coagulated blood. The carotid artery was injected with warm water, but the vessel whence the blood was effused could not be discovered.

(To be continued.)

*Researches respecting the History of Diseases of the Lymphatic System.* By M. ANDRAL JUN.

(Concluded from page 164.)

III. *Cancer of the Thoracic Duct.*—A female died at ‘La Charité’ of cancer of the uterus, in the month of October 1824. The neck of the uterus was observed, on dissection, to have been destroyed, and in its place a black tainted *putrilage*, a vagino-vesical fistula, and enormous cancerous tumours, were found in the pelvic cavity and in the mesentery. Scirrhus tumours of considerable size were developed before the vertebral column, from the superior extremity of the sacrum to the diaphragm. The thoracic duct, when laid bare in the chest, appeared as a white chord, and much more voluminous than natural. When it was opened, a whitish, puriform fluid escaped from it. A number of small bodies of a dull white, irregularly rounded, and of the medium size of a pea, projected from its internal surface. These small bodies were continuous with the tissue of the parietes of the duct, and presented a perfect analogy of structure to the cancerous tumours developed in the abdomen. There were elsewhere no more tumours projecting into the duct, but its parietes were considerably thickened; and, as the thickening was not the same in all parts, the duct had an embossed appearance. Wherever this thickening of its parietes existed, it was observed to be owing to the development of a dull-white tissue, streaked here and there by reddish lines, and in other places already reduced to a pulp of a foul, reddish-grey colour, very analogous to the substance of a brain in which putrefaction has commenced (encephaloid tissue in its double state, of crudity and of softening). Finally, near the diaphragm, the cancerous masses, which surrounded the thoracic duct, and which apparently had their points of origin in the lymphatic glands, were so considerable, that it was impossible to trace this vessel farther amongst them. The internal surface of the duct presented, besides, many bright red points; and this redness was more remarkable, the lower the part that was examined. It should be remarked, that the left subclavian vein, in which the duct opened freely, was distended greatly, from its origin to the cava superior and brachial veins, by clots of blood; the most external layers of which had contracted intimate adhesions to the parietes of the vein, the internal surface of which was of a brownish and rugous red colour. The other veins presented nothing resembling this. Did there exist any relation between this condition of the subclavian vein and the cancerous state of the thoracic duct?

IV. *Matter analogous to Tubercular Tissue, contained in the Thoracic Duct, and in several Lymphatic Vessels.*—A female died of cancer of the uterus, in ‘La Charité,’ in the course of August 1824. The glands of the mesentery, and those of the pelvic cavity, formed, anteriorly to the vertebral column, enormous cancerous masses. The glands of the groin, and those surrounding the bronchiæ before their entrance into the lungs, were, either wholly or in part, of a cancerous structure.

Lymphatic vessels, distended by a limpid and colourless serum, and presenting here and there white points, which were displaced by slight pressure, proceeded from several of the cancerous inguinal glands. The matter forming these white points seemed, therefore, only to be contained within the canal of the vessels: indeed, the vascular parietes having been divided, this matter escaped spontaneously, owing only to the elasticity of the vessels which contained them. The appearances of these white substances approached nearer to the tubercular than to the cancerous tissue. The lymphatic vessels, thus distended in places with this whitish matter, here rounded into small grains, there elongated into cylinders, could be easily traced under the crural arch, in the pelvic cavity, and to the middle of the cancerous mass in front of the spinal column. The thoracic canal disengaged itself from the midst of this mass, at the margin of the last dorsal vertebræ. In three or four places this canal was very much distended and obstructed, by a similar white matter to that which filled the lymphatics. This matter here formed masses, the largest of which equalled the size of a hazel-nut, and, as in the lymphatics, it was here contained in the cavity of the duct, without presenting any connexion with its parietes.

Finally, the external surface of both lungs was traversed by a number of whitish striæ, entirely resembling the disposition of the lymphatics when injected with mercury. These striæ were actually found to consist of lymphatics, filled with the same matter as that found in the other lymphatics and in the thoracic duct. Many of those were traced to the bronchial glands, which had degenerated into the cancerous state. The interior of the lungs, and particularly that of the left, also contained many of these vessels, resembling white threads, thickened at intervals. They were observed isolated in some places, and in others agglomerated in greater or less numbers, so as to form a species of plexus. The lungs contained no tubercles; and the parietes themselves, of the lymphatic vessels of the lungs, of the pelvic cavity, of the groin, and of the thoracic duct itself, presented no appreciable lesion.—(*Archives, Decembre 1824.*)

The obstructed state of the glands, into which these lymphatics terminated, and the obstruction offered to the flow of the lymph from the thoracic duct, owing to the pressure of the enlarged glands in its vicinity, by preventing the course and the discharge of the lymph whilst the faculty of absorption continued, seem to us to have occasioned an accumulation of lymph in the vessels thus obstructed. The flow of the lymph being thus prevented, its serous portions may have been again absorbed, whilst its albuminous parts may have become accreted, or otherwise changed, by the vital influence of the vessels containing them, so as to present the same appearances as those possessed by the morbid accretions to which the term tubercular has been applied. It is evident that these accretions were not absorbed in this state; and the matter of which they were formed was essentially different from that developed in the uterus and glands; from which parts, indeed, the lymphatics

containing these bodies did not *arise* ; into the latter parts, certainly, these lymphatics *passed* or *terminated* ; but this circumstance fully explains the view we have taken of this very important (as far as the origin of tubercular formations is concerned) pathological observation.

*On the supposed Increased Prevalence of Insanity.*

AN interesting Memoir has been read in the Section of Medicine in the Royal Academy of Medicine of Paris, by M. Esquirol, in answer to this question : — *Are there more madmen in the present day than there were forty years ago?*

M. Esquirol, whose experience has, as it is well known, been so considerable, answers this question in the *negative* ; and maintains, that in proportion to the population, the number of maniacal persons has *not* increased. He remarks, that from 1786 to 1792 the whole population of France was agitated by political fanaticism and the exaltation of all the social passions ; yet that in 1792 there were only 1009 lunatics in the Parisian establishments — the same number as in 1786 : and there was no increase observable in the South of France, where the fury of the passions prevailed the most ; as at Lyons, Marseilles, and Nismes. Similar observations are applicable to Spain and Italy. But he adds, that whenever any disease becomes the object of great attention, it comes to be considered as more frequent, in the same manner that the number of deaf and dumb was found to be so unexpectedly great when the Abbé de l'Épée attracted national attention to them. An effect precisely similar appears to have been produced, at least in France, by M. Pinel's Treatise on Mania ; and the general improvement which followed in the treatment of this class of maladies caused a number of individuals to be sent to public establishments who would have been scattered over the country and in obscurity. And thus M. Esquirol concludes that the increased number of lunatics is only apparent. He indulges in some very allowable feelings of complacency on reviewing the improved treatment of the insane in the French establishments. In a report of the state of the Paris hospitals in 1816, it was stated, that from the 1st January, 1804, to the 1st January, 1814, 3943 lunatics of both sexes were admitted, of whom 2149 were sent out cured, that is to say, more than half the number : a result calculated to give some consolation to those families of which any member may unfortunately be the subject of this most dreadful of all calamities. — *Rev. Méd.*, Nov. 1824.

*Pathology of Diabetes.*

THIS disease, which is by no means uncommon in some parts of England and Scotland, occurs so rarely in Paris, that Dr. Asselin, Physician at the Hôtel-Dieu, has only had one case of it during the fifty years he has filled that situation. This case was made the subject of some experiments by MM. Vauquelin and Segalas, for the purpose of proving or disproving an assertion in the Dict. des Sciences Méd. (*Art. Diabète*), that the serum of the blood of

diabetic patients contains saccharine matter equal in quantity to one-thirtieth part of that contained in the urine — an assertion according with theoretical notions concerning the complaint, but opposed to the results of Dupuytren and Thenard's investigations. Although the urine of the patient was highly saccharine, MM. Vauquelin and Segalas were unable to detect the smallest quantity of sugar in the blood.

In the course of these experiments, *urea* was given to the patient as a remedy, without modifying the disease, or being detected in the patient's urine. — *Journ. de Chimie Méd.*, Jan. 1825.

#### PRACTICE OF MEDICINE.

##### *Case of Poisoning by Opium successfully treated by Cold Affusions.* By Dr. RICHARDSON, of Lexington, Kentucky.

THE patient, under the influence of the gloomiest feelings, in the summer of 1821, retired early to bed, where she swallowed laudanum — though in what quantity, or how soon after reaching her room, is unknown. About eleven o'clock she was found foaming at the mouth; her breathing deep and embarrassed; and a vial, standing on a chair near the bed, containing a small quantity of laudanum, led to a belief that she had poisoned herself.

When Dr. Cress and Dr. Richardson's assistant arrived, she was insensible to all stimuli; the pupil did not contract when subjected to strong light; the olfactories were insensible to the most pungent sternutatories; and the skin seemed entirely devoid of sensibility. She foamed copiously at the mouth; her jaws were almost immovably locked; the flexors of the fore-arm were in a state of continual subsultus; the skin was cooler than in the healthy state, and covered with a cold clammy sweat.

After some efforts, they succeeded in opening her jaws, and administered large doses of ipecacuanha, tartar emetic, and sulphate of zinc, which only produced a disturbance of the stomach amounting to slight retching. In vain they endeavoured to awaken the system by agitation of the body: — vinegar was given, notwithstanding Orfila's unfavourable account of it, and although no positive advantage resulted, no evil was produced, as Orfila had taught them to expect.

Many other fruitless efforts having been made, they attempted to employ a substitute for the stomach-tube, so successfully introduced into practice by Mr. Jukes, as they could not obtain the proper instrument. For this purpose, the end of the largest size male catheter was adapted to a syringe, and passed into the stomach; but the size of the instrument was too small, and it was immediately choked by the mucus of the stomach, and became ineffectual.

Dr. Richardson was again sent for. On his arrival, learning how unprofitable the previous efforts had been, he resorted at once to the application of cold affusions. The patient was supported upright in a chair, and large buckets of cold water were poured over her head, and flowed profusely over the rest of her body. This prompt and

decisive practice was not so immediately followed by signs of returning sensibility as in the case recorded by Dr. Jackson. The treatment was persevered in, and the affusions increased in quantity during forty minutes. A return of sensibility became manifest, and at the end of the next hour she was so far recovered as to be able to articulate distinctly, and complained of a great degree of sleepiness. She was kept awake by forced exercise; an enema made of a solution of common salt was administered; the bowels acted; a blister was applied over the sternum, and another on the ankles. In the morning she was quite recovered, and able to resume her ordinary avocations. — *Phil. Journ.*, August 1824.

#### SURGERY.

*Operation of Tracheotomy.* By HENRY S. WATERHOUSE,  
of Franklin County, New York.

‘ WITHIN a few months, I have been informed of three cases in which death was produced by the introduction of foreign bodies into the trachea. In one case death ensued in thirty days from the accident, and in another the termination was delayed for something more than three months. A case occurred in Vermont, some time since, where death followed the introduction of a plum-stone in ten days. Another case occurred in Monston, Vermont, where a bean was drawn into the trachea, and it was removed by Dr. D. Stone.

‘ With a hope of increasing the confidence of Surgeons relative to the importance and safety of this operation, I subjoin an instance falling under my own care.

‘ A very promising child, aged seventeen months, daughter of Mr. N. H. R., of Parishville, while eating some water-melon on the 3d of August, 1821, drew one of the seeds into her wind-pipe. The immediate consequences were coughing, strangling, and convulsive efforts; and these symptoms continuing in a very alarming degree for several days, the parents consulted various Physicians. The Physicians concurred in advising the operation if the seed was not speedily discharged.

‘ During the months of September and October, the child suffered every thing short of actual strangulation. At times its breathing was inexpressibly agonising, and the strangulation seemed to be produced by the seed being thrown into the vicinity of the glottis by the cough. The periods of greatest distress in breathing were always succeeded by fits of coughing. The relief was immediate on the cessation of the cough. In the earlier periods of this case, hours were sometimes passed with the respiration free, easy, and apparently natural. Yet it was not uncommon for the child to be suddenly awaked from a quiet sleep by all the distressing symptoms.

‘ The condition of the child daily grew worse. The trachea and bronchiæ were becoming inflamed, notwithstanding the softness and smoothness of the water-melon seed. Cough and quick breath-



ing, hot skin, and frequent pulse supervened. The patient was rapidly emaciated, and her strength was failing.

‘ Early in the month of November the attacks of coughing and strangling had become alarmingly frequent. The cough was almost incessant. It was evident that life must soon cease, unless the cause of the irritation was removed.

‘ I saw the patient for the first time on the 14th November. There would be no doubt of the propriety, and, indeed, the absolute necessity, of opening the windpipe to extract the seed.

‘ We placed the child in the usual posture, on a table, with the head thrown slightly back, and the neck somewhat stretched over a roll of cloth, securing her body and limbs by the help of assistants. We had no choice as to the place of operating, for the distance from the angle formed by the meeting of the skin of the chin with that of the neck and the upper extremity of the sternum, was only one inch. Of course, there was no necessity for making the external incision much over one inch in length, commencing at the angle before mentioned. Notwithstanding the emaciation and softening of the muscles by the long-continued irritation, the trachea was found to be at least three-fourths of an inch from the surface. The hemorrhage was dreadful, nor was it possible to avoid it. The very limited space for operating in, and the great depth to which the incision was continued, rendered it utterly impossible to shun parts that, in a neck of common length and leanness, might have been avoided with perfect ease. As the object was not merely to puncture the trachea, but to make an *opening*, through which an extraneous body might be searched for and removed, or pushed through the glottis above, we were absolutely compelled to cut through all the parts falling in our way. In addition to this, the violent and persevering struggling, screaming, coughing, and strangling of the child (altogether too young to be reasoned with), added in no small degree to the embarrassment of the operation.

‘ It was impossible to use ligatures, as the bleeding was from innumerable minute vessels. Compression with a sponge was our only resource, and this was merely palliative.

‘ By the time the incision was made down to the trachea the hemorrhage was truly appalling. Dr. M'Chesney, who had thus far performed the operation, desired me to complete it. After emptying the incision by the sponge, I was enabled to place the point of the knife on the space between the thyroid and cricoid cartilages, but did not until the third attempt succeed in making the desired opening. The blood flowed so rapidly that I was obliged after every attempt to stop and use the sponge. I then introduced the extremity of a probe-pointed bistoury, and extended the opening downward the requisite length. By this time, however, the struggles of the little sufferer had ceased, and life had become, to all appearance, extinct. It is impossible for me to depict the horrors of the scene. Our patient seemed to have fallen a victim to our well-meant efforts to relieve it from a fate no less certain, but of a more lingering character. I passed a catheter

through the opening, and endeavoured, though utterly in vain, to inflate the lungs. Dr. Sprague proposed to suspend the child by the heels, to facilitate the descent of fluids from the lungs. To this suggestion we readily assented, and while held in this posture, Dr. Parker made repeated pressure with his open hand on the abdomen, holding the other on its back, so as to imitate as nearly as possible the act of respiration. A considerable quantity of blood, with much bloody froth and mucus, was discharged by the mouth and the opening in the throat. We again laid the subject on the table. The seed appeared at the opening, brought along by the descent of fluids from the lungs, and was taken out with perfect ease with the fingers.

‘After repeated and persevering efforts to renew the respiration, we discovered some faint symptoms of returning animation. It was, however, an hour from the appearance of the first signs of resuscitation until the patient breathed with apparent ease and regularity. We then gave her some fluid nourishment, and concluded the operation by drawing together the sides of the wound with strips of adhesive plaster covered with lint, and secured by a bandage. On the fifth day the adhesive plaster gave way, and the wound opened to its full extent—it was again secured by sticking plaster, and healed, though slowly, without any untoward circumstance; and the patient speedily recovered.’—*Philadelphia Journal*, August 1824.

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## PART V.

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### MISCELLANEOUS INTELLIGENCE.

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*Asserted Power of Belladonna to secure the Constitution against the Infection of Scarlatina. — (Rev. Méd. 1824.)*

It is a difficult thing in medicine to preserve the happy medium which lies between too great an indisposition to improvement and too great a fondness for novelty. When we reflect that some very great improvements in physic were introduced against much opposition—that some of the facts which we know to rest on the surest foundation were long opposed by the most obstinate unbelief—that some of the discoveries which have proved most beneficial to mankind were long denied by prejudice—and, above all, when we consider how much room there yet remains for improvement, and how large a field for discovery,—we become convinced that a hasty rejection of what is new, for no better reason than because it is new, is rather agreeable to our indolence than reconcilable with our duty. Before it was known that a particular eruption, communicable by contact from an animal to the human subject, would secure the human constitution from the most fatal of all eruptive diseases, the possibility of such a result, under any circumstances, would have been considered a supposition as wild as the dreams of madmen. In the productions of nature there may yet lie hidden the means of protecting the human frame from other ills of nearly equal magnitude—powers yet unknown, resources yet undiscovered, by which the health and comfort of

mankind may be progressively and materially increased. For any thing we know to the contrary, it may be part of the vast plan of Providence to permit every successive century to add not only to the moral amelioration, but to the physical improvement of mankind; the combined effects being destined to conduct them, though not to perfectibility, yet, even in this world, to a much higher degree of virtue and happiness than they have attained or enjoyed since the expulsion of our first parents from the Garden of Eden. In every successive age the vices of all classes of society will perhaps be gradually lessened, and the number or violence of the diseases by which men are afflicted gradually diminished. Those who ridicule suppositions of this kind cannot have been very attentive to the annals of social institutions, or to the history of the manners of their country, or to the progress of science and of art; and must be altogether insensible to the many mighty engines of human advancement now in full activity around them.

Some very curious evidence — in addition to that to which we called the attention of our readers at the 261st page of our former Volume — has lately been adduced, by the German Physicians, of the power of belladonna, given for some days, in small doses, to those exposed, or about to run the risk of exposure, to the infection of scarlatina, to preserve them from the specific effects of that disease; or, failing to do that, of its power of mitigating the complaint very remarkably. Several Physicians of respectability having borne witness to these effects, and among them no less a person than Soemmering, and there being no inconvenience in the trial, it is a subject which may very properly occupy the attention of observant Practitioners in this country. A “fraction” only of a grain of the extract or of the powder is given every day; or a solution is employed of gr. iij. of the extract to the ounce, two or three drops being given twice a-day to a child under twelve months, and an additional drop for every additional year. Dr. Koreff says, that after eight or nine days’ use of the medicine, persons may come into the closest contact with those labouring under scarlet-fever with impunity; and may continue so, provided they continue taking the medicine until desquamation is completed.

The chief circumstances likely to embarrass the investigation of these singular properties of belladonna, are the possibility of the persons experimented upon having escaped the disease, in common degrees of exposure, without taking the medicine; and the resemblance between the effects of belladonna, when given to a certain extent, and the symptoms of scarlatina. The danger in these cases lies in premature conviction, after which the imagination is sure to delude the judgment and even the senses — a malady to which, without illiberality be it spoken, the Physicians and philosophers of Germany appear to be particularly liable. But if the necessary trials be carefully and patiently made, it will not be difficult to put the matter to the test, and either to shew cause for the adoption of a simple means for procuring a desirable end, or to disprove the pretensions of belladonna, so as to set the question at rest. Should the result be a conviction of the insufficiency of the alleged protection, the time spent in the experiment will have been as rationally and more innocently employed than that which has been so often thrown away in the starving, and torturing, and slaughtering of animals, to ascertain minute physiological facts having scarcely the remotest bearing on the great ends of the study of physic, which we should never forget is chiefly valuable as it teaches us “the art of preserving health and of curing diseases.”

*Effect of Vaccination on the General Mortality.*—(*Sciences de l’Institut. Journ. de Chimie Méd. et Rev. Méd.*)

THERE exists even at the present day sufficient discrepancy of opinion on this subject to make every thing in the shape of respectable evidence valuable. M. Casper’s work on the Influence of Vaccination in Prussia proves that not

only the mortality among infants, but even the general mortality has been incontestably lessened by it in that kingdom; thus disproving the idea of its causing other maladies to become more fatal to mankind. The following important conclusions are the result of M. Casper's investigations:—

“ 1. The small-pox formerly carried off from one-twelfth to one-tenth of the population.

“ 2. Of twelve children born at Berlin, one formerly perished of small-pox; at present, not more than one in 116 dies from the same cause.

“ 3. The diseases of infancy are more common than before the introduction of vaccination, because the number of infants which survive is more considerable than it used to be.

“ 4. Those diseases formerly destroyed 39 infants in 100; at present only 34 in 100 perish by them: so that before the introduction of vaccination 51 children in 100 died, whilst at present only 43 die out of the same number. There is therefore a sensible diminution in the mortality among infants of a tender age.

“ 5. Formerly, the general calculation was of one death in every 28 inhabitants; it is at present not more than one in 34. There is therefore a sensible diminution in the general mortality.”—*Journ. Compl.*, Sept. 1824.

The French Academy have, we believe, appointed M. de Chateauneuf to collect information on this very important subject in France.

#### *The Hippocratic Oath.*

THIS relic of remote antiquity has for many years slipped from the common view of the Profession. We cannot imagine that affording it a place here can give offence elsewhere.

“ I swear by Apollo the physician, and Æsculapius the surgeon, likewise Hygeia and Panacea, and call all the gods and goddesses to witness, that I will observe and keep this underwritten oath, to the utmost of my power and judgment.

“ I will reverence my master, who taught me the art. Equally with my parents, will I allow him things necessary for his support, and will consider his sons as brothers. I will teach them my art without reward or agreement; and I will impart all my acquirements, instructions, and whatever I know, to my master's children, as to my own; and likewise to all my pupils, who shall bind and tie themselves by a professional oath, but to none else.

“ With regard to healing the sick, I will devise and order for them the best diet, according to my judgment and means; and I will take care that they suffer no hurt or damage. Nor shall any man's entreaties prevail upon me to administer poison to any one; neither will I counsel any man so to do. Moreover, I will give no sort of medicine to any pregnant woman, with a view to destroy the child. Further, I will comport myself and use my knowledge in a godly manner. I will not cut for the stone, but will commit that affair entirely to the surgeons.

“ Whatsoever house I may enter, my visit shall be for the convenience and advantage of the patient; and I will willingly refrain from doing any injury or wrong from falsehood, and (in an especial manner) from acts of an amorous nature, whatever may be the rank of those whom it may be my duty to cure, whether mistress or servant, bond or free.

“ Whatever, in the course of my practice, I may see or hear (even when not invited), whatever I may happen to obtain knowledge of, if it be not proper to repeat it, I will keep sacred and secret within my own breast.

“ If I faithfully observe this oath, may I thrive and prosper in my fortune and profession, and live in the estimation of posterity; or on breach thereof, may the reverse be my fate!”—*Dr. G. Smith's Analysis of Medical Evidence.*

#### *Appearance of the Cholera Morbus on the Shores of the Caspian and Mediterranean Seas.*

DR. REHMAN, Physician to the Emperor of Russia, has announced the appearance of this disease upon the shores of the Caspian and Mediterranean

Sens, and is willing to believe it contagious. He states, in support of this opinion, that it spread along the route of the caravans, and that, in 1821, Ispahan was saved by the caravans from Schiraz, where the disease prevailed, passing through Jesd, instead of through the former place. In 1822 it was observed in Jesd, and was propagated along the whole route of the caravans, and was very prevalent at Nain, Kaschan, Koon, Kootrun, Sava, and Dain; spared Zekeran, but shewed itself again at Killah, Nargan, Casban, Abhar, Sultunich, Zenghan, and Mianah; towards the end of the summer it reached Tauris; and at length arrived on the frontiers of Turkey and Erivan. From Tauris and Erivan it extended into the district of Kalkal, to the province of Ghilen, and was very general at Kesh, which is situated near the Caspian Sea. Thence it proceeded to the province of Mazenderan, and prevailed at Balfruish, from which place it disappeared in November: but in April 1823 it again arose in some towns in Mazenderan, and overran the whole province to Mainnonat. Thus has this epidemic passed along the north of Persia, till, in the short space of two years, it reached the Caspian Sea. But, independently of this first line, it has followed the course of the Tigris and Euphrates, and penetrated to Bagdad, where it committed most dreadful ravages. There were upwards of five thousand deaths in two months. At this period it attacked the Persian army, which was encamped in the environs of Bagdad, and destroyed more than two thousand soldiers; at the same time it shewed itself amidst the ruins of Babylon, and particularly at Illah, which has the most frequent communication with Bagdad. From Bagdad it has not followed any regular march. It is essential to observe, that the disease has principally prevailed along the routes of the caravans, and where these were most frequent. In the places where cholera prevailed, the Physicians, as well as the people, considered it not only as epidemic, but likewise as contagious.—*Revue Médicale, October 1824.*

Having given this account from Dr. Rehman, we think it but right to notice, that the opinions he has published are diametrically opposite to those of Mr. Jameson, the secretary to the Medical Board of Bengal; and who was appointed by them to arrange and make the necessary deductions, from the statements, &c. delivered in by upwards of one hundred medical men stationed in different parts of India. We shall give a few extracts from this gentleman's work, without comment:—

‘These facts prove, without the possibility of dispute, that it broke out at very remote places at one and the same time, or at the distance of such short intervals, as to establish the impossibility of the pestilential virus being, in this stage of its progress, propagated by contagion.’—P. 7. ‘So long as the epidemic was confined to the province of Bengal, it raged simultaneously in various and remote quarters, without displaying any thing like regularity of succession in the chain of its operations.’—P. 9. ‘The appearance of the epidemic in any particular place was usually accompanied or preceded by an easterly wind.’—P. 100. ‘If by contagion is meant the communication of the disorder from person to person; then, in this strict sense of the word, cholera is certainly not contagious.’—P. 128. ‘The whole body of the medical officers in Bengal, who have had an opportunity of seeing and remarking on the disease, without a dissenting voice concur in declaring that it is not contagious.’—*Jameson's Report on the Epidemic Cholera Morbus. Calcutta, 1820.*

Medical Mélange.

M. MOREAU presented, at the meeting of the “Académie Royale de Médecine” of Paris, on the 30th November, a fœtus of six months, without brain, and with a bifid spine at its vertical portion. It was without any abdominal parietes, and the viscera of this cavity was contained in the base or foetal extremity of the chord which was a transparent chord to them. The heart passed into this cavity through a congenital opening in the diaphragm.



M. LARREY presented, at the same meeting of the Academy, two persons who had been affected with hydrothorax, and in whom the operation for empyema had been performed with complete success. In one of the two, the effusion was consequent on a gun-shot wound requiring the extraction of the ball, which was found in the cavity of the chest. The effusion in the other was much greater, and of much longer duration.

M. LEGALLOIS presented, at the meeting of the Academy, on the 9th of December, the vena cava of a subject, with the right iliac vein and the saphæna of the same side, completely obliterated and filled by a fibrinous, solid, and organised deposit, having in some points all the appearances of muscular flesh. The individual from whom this piece of morbid structure was taken died of ascites and leucophlegmasia of the lower extremities.

M. BARON presented to the meeting of the Academy of the 14th December, the heart of a person who died suddenly of a rupture of this organ. The rupture was situated at the middle part, near the anterior aspect of the left ventricle. The margins of the laceration, which was about three lines in length, were somewhat thin, but without any appearance of ulceration. The muscular substance was not observably softened in this portion of the parietes of the ventricle.

*Atrophy of the Gall-Bladder.* — M. NACQUART detailed to the Académie Royale de Médecine the case of an individual who had had a tumour formed by the gall-bladder in the right hypochondriac region, whence issued bile and biliary calculi. The person recovered, and the tumour disappeared: but some time afterwards he died, and on examination no trace of gall-bladder could be found: the place where it is usually situated was supplied by cellular tissue.

M. OLLIVIER detailed a similar case. — *Rev. Méd., Mai 1824.*

*Hereditary Supernumerary Fingers.* — Dr. WILLIGINS, of Kirchberg, gives the following curious history: — A man had born to him by his wife children, most of which had six fingers on each hand; and the same was the case with most of the children he had by a second wife. A daughter by the first wife married, and bore two children with six fingers on each hand.

*Adulteration of Iodine.* — Iodine is occasionally adulterated in Paris with charbon minéral. The fraud is detected by alcohol, which completely dissolves the iodine, and does not dissolve the added ingredient. Another species of dishonesty connected with this medicine is, the practice of selling it in a moist state, in which it is heavier than when dry. This may be known by its adhering to the sides of the vessel, and moistening blotting paper. — *Chevallier, Journ. de Chimie Médicale, Jan. 1825.*

The employment of iodine has, we observe, been recently extended to chronic enlargements of the testicle. — *Rev. Méd., Nov. 1824.*

*Parilline.* — M. PARETTA gives this appellation to a white, powdery substance, with a peculiar odour, and insoluble in cold water, obtained from sarsaparilla; and which he considers, from therapeutical experiments, to be the active principle of that plant. — *Proceedings of the Acad. Roy. de Méd.*

#### *Society of Physicians of the United Kingdom.*

TO THE EDITOR OF THE LONDON MEDICAL REPOSITORY.

SIR, — In your Number for November last you did me the favour to insert certain observations of mine on the constitution of the *Society of Physicians of the United Kingdom*, including some free animadversions on such parts of it as I considered objectionable in themselves, and likely to be prejudicial to the originators or founders of that Society. I was led, in speaking of one rule in particular, by which Physicians practising midwifery were declared ineligible, to express myself in the following terms; which, as they have been considered the cause of some observations on midwifery practitioners



and midwifery in general in your January Number.\* I must beg leave to repeat in this place.

The next clause has given great, general, and, in my opinion, just offence, to the Physician-Accoucheurs. It is evident that their exclusion was considered inseparable from that of the Practitioners in Surgery and Pharmacy; but this view of the case was surely erroneous. There is, perhaps, no class of Physicians more truly respectable than the Physician-Accoucheurs: they are, for the most part, quite unconnected with the practice of surgery or pharmacy, and men of highly respectable attainments. Far from being mere mechanical operators, their great business is to attend when ordinary means are unsuccessful, or in circumstances of unusual danger, or to perform their peculiar duties for the higher and more refined classes of society. Their duties are intimately connected with the practice of physic in all the various and important diseases of women and children: and there is, perhaps, no branch of the Profession, to practise which, with credit, requires a Physician to be better informed or more liberally educated, and none in which ignorance and presumption meet with such terrible occasions of exposure and punishment. Whilst, therefore, the exclusion of the Physician-Accoucheurs needlessly increases the number of those who regard the new Society in an unfavourable light, to associate them with it, still excluding those who practise surgery and pharmacy, (who, it is to be hoped, will associate to protect themselves,) would, it appears to me, in no way derogate from its respectability, or be opposed to its principles.†

I claim no merit when I say, that I believe this paragraph embodies the sentiments of nearly all medical men who have given any consideration to the subject of it; and I must confess I entertained a hope that its reasonableness was too evident to be overlooked.

The notice you have felt yourself obliged to take‡ of the remarks of your correspondent in the January Number, prevents the necessity of my availing myself of the privilege of rejoinder to the extent I might otherwise have done. I have no wish to make the REPOSITORY the field of vain and unprofitable controversy. You have felt, as well as myself, that the observations of your correspondent were unjust, and the author himself will, I doubt not, on reflection, acknowledge that they were very injudicious. The character of that Society, which you have introduced, in a great measure, to the notice of the Profession, and even the character of this respectable Journal, required such a notice. I know, indeed, that the first effect of your correspondent's letter was a very angry feeling on the part of the stigmatised persons, and considerable enmity against the REPOSITORY in other quarters,—an enmity which the explicit and manly explanation in your last Number will no longer permit to be cherished in any liberal mind. I honour the man who felt indignant at a supposed attempt to degrade and trample on a class of Practitioners deserving of better treatment; but I freely and fully exculpate you from the smallest share in such an attempt.

And now, I shall take the liberty of making a very few remarks on the observations of your correspondent in the January Number.

To defend the utility of the practice of midwifery, or its respectability; to shew that it is not a demoralising, dark, disgraceful, and disgusting branch of practice, the very name of which is scarcely fit for 'ears polite' or decent society;—for all this has been said of this unhappy department of professional activity—is not a part of my object. Your readers require no such line of defence. The very violence of the terms precludes all idea of their justice; and although I deeply lament that such invectives should be considered as spoken for any set of men, and more especially for the Society of Physicians, I cannot avoid the natural tendency in every reader's mind to remove the weight of responsibility from the general mass, and to throw it exclusively on

\* See REPOSITORY, No. 13, page 83.

† See REPOSITORY, No. 11, page 434.

‡ No. 14, page 170.

some one member, who, under the influence of prejudices, of the force of which he might himself be not altogether conscious, has said, hastily and warmly, more than he meant, and more than he thought.

Independent of these considerations, which relate to a mere matter of opinion, your correspondent, and all who indulge in unfriendly feelings towards male practitioners in midwifery, proceed on data which I conceive to be altogether erroneous. They continually lament that that branch of practice is not left entirely to female practitioners, forgetting that women themselves, whose opinions and feelings on such a subject are important, have no wish of the kind: and that, not from any want of delicacy, but from a better grounded and fuller confidence in the knowledge and skill of male practitioners: and, what is more, from a belief, by no means unfounded, that they are attended not only more skilfully, but more patiently, more feelingly, and more delicately, by male practitioners than by women. I say this after a due observation and consideration of the effects of female practice in our own country, and in others where it is more common than in our own. Nor could a more careful system of female professional education obviate these and other objections. If there be really any thing inherently demoralising in the practice of midwifery, it must be more fatal to female practitioners than to male; for common observation shews us that men pass through temptations and dissipations almost unharmed, which would be utterly destructive of female delicacy of character. Besides this, we cannot expect women to be accurate anatomists or physiologists; to understand minutely all the important parts endangered in a difficult labour; or all the varied efforts of nature consistent with a safe delivery. Neither can we trust them to the management of the sudden dangers that frequently follow childbirth, nor to the management of the infant in circumstances of doubtful life, nor to the treatment of puerperal diseases; so that, however we might throw midwifery practice into the hands of women, (and that much *must* be thrown into their hands I do not deny,) they would be continually calling in the assistance of Physicians or Surgeons, who in that state of things would probably be less qualified to be useful than at present, and would frequently be retained in the somewhat absurd character of lookers-on. In short, the whole scheme is, as applied to this country, fanciful and impracticable.

It remains for me only to say a word or two of the *rank* of accoucheurs. They are disclaimed, we are told, by physic, rejected by surgery, and despised by the apothecaries. But when we know that midwifery is, after all, practised in many places by gentlemen of each of these denominations, there seems no difficulty in allowing it to be an appendage of any. And at all events, if it neither belongs properly to surgery nor to pharmacy, and if some respectable Physicians amalgamate it with their own practice, I cannot understand how it is to disqualify them from associating with other Physicians, or to degrade them from their legal and incontestable rank.

To conclude this part of the subject;—if I considered the unfavourable sentiments of your correspondent, with respect to midwifery practitioners, to be a specimen of the tone and feelings of the Society of Physicians, I should despair of any good effect arising from that Society; and, instead of regarding it, as I willingly do, as an Institution calculated to support the dignity of regular Physicians and to protect the true interests of physic, I should look upon it merely as a new monopoly, worse than the old; ‘the last state worse than the first;’ devised in a narrow spirit; governed by illiberal principles; holding out no promise of effecting any thing good or great; likely to make many enemies, few adherents, and not one zealous friend. C. A.

*Qualifications of Apothecaries.*—On Wednesday, Feb. 23d, Mr. Brougham obtained leave to bring in a bill for the alteration and amendment of the Apothecaries’ Act (55th Geo. III.), on the ground of the expense and inconvenience of adducing satisfactory evidence to establish the claims of the *bona fide* Practitioner. The honourable and learned gentleman remarked, that as

in law *no INSTRUMENT proves itself but a record or a rule of court*, it was always necessary to bring down from London (to trials in the country) *parole evidence* of the certificate of the master and wardens of the 'worshipful Company of Apothecaries' being duly obtained. The bill proposed would amend this grievance, as it was intended to make the certificate in question evidence *per se* (subject to every check as to forgery) for the plaintiff. He would also extend the same facility to the certificates [diplomas] of the Universities of Dublin, Edinburgh, and Glasgow—leaving out St. Andrews and Aberdeen; as a remittance of £15 to either of these learned bodies brought up their diploma by return of post. They should be included in a future bill, if they gave security that the graduate had really deserved the College favour, &c.

The motion was seconded by Mr. Croker, who joined in the hope that the two Scotch Universities would *redeem their character*.

It may now be necessary to assure our readers, that we are not in the secrets of the *worshipful Company*. But if the above statement (which we copy from the parliamentary reports in the daily papers) be not some guarantee for the care, if not accuracy, with which we have looked to the interests of a great body of the Profession, we shall be contented to keep silence hereafter on all such points. We doubt not that our medico-political department of last year has been looked upon with very different ideas as to its importance. By some it may have been considered useless; but by others, we have the pleasure of knowing that it has been duly appreciated. Those articles, in particular, predictive of what is about to take place in medical legislation, gave great offence;\* and we, in consequence, had an opportunity of contemplating certain deviations from good manners (on the part of public functionaries), which we do not intend to forget. It is rather too much for an individual to come blustering because we felt it a duty to quote public proceedings on public trials; and to expect us to contradict, upon the authority of a passionate man, a fact that stands upon the records of the country! We know better what we are about; and have it in contemplation to resume our lucubrations in this line, very shortly, upon a more extensive scale, and in a more digested manner.

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## MONTHLY MEDICAL BIBLIOGRAPHY.

### BRITISH.

A Statement of the Early Symptoms which lead to the Disease termed Water in the Brain; with Observations on the Necessity of a watchful Attention to them, and on the fatal Consequences of their Neglect. By G. D. Yeats, M.D., F.R.S., Fellow of the Royal College of Physicians, London, &c. &c. Second edition, considerably enlarged. 8vo. Pp. xxii. 164. London, 1824.

Dr. Yeats's views respecting the origin and progress of hydrocephalus have been some time before the medical public. He has stated them at greater length, and illustrated them more fully in the volume now before us, than in his former publication on the subject. The work, upon the whole, whatever may be said of the author's views of particular topics connected with his subject, well deserves the attentive perusal of the Practitioner.

### FOREIGN.

Traité Complet de la Dysenterie et de la Diarrhée; précédé de l'Histoire Clinique de ces Maladies, suivi de quelques Considérations sur la Contagion essentielle, et sur celle de la Dysenterie. Par P. Vignes, D.M., Paris, ex Médecin Ordinaire des Armées et Camps, &c. 8vo. Pp. 403. Paris, 1825.

The author's experience of the diseases of which he treats is most extensive, and his work contains much pathological and practical information.

\* See REPOSITORY for May 1824, page 438—June, page 528.

# THE METEOROLOGICAL JOURNAL,

From the 19th of JANUARY, to the 20th of FEBRUARY, 1825.

By Messrs. HARRIS and Co.

Mathematical Instrument Makers, 40 High Holborn.

January.	Moon.	Rain Gauge.	Therm.			Barom.		De Loo's Hygrom.		Winds.		Atmo. Variation.		
			P. A. M.	Max.	Min.	P. A. M.	10 P. M.	P. A. M.	10 P. M.	P. A. M.	10 P. M.	P. A. M.	2 P. M.	10 P. M.
20			40	42	39	29	48	29	52	89	85	NW	NW	Clo.
21			40	41	35	29	63	29	70	89	90	NE	NE	Fine
22			37	39	35	29	80	29	96	92	92	NE	NE	Clo.
23		.08	37	40	35	30	08	30	03	90	90	NE	N	Fine
24			37	40	37	29	94	29	78	92	90	NE	SSW	Clo.
25			38	42	38	29	53	29	79	92	90	NNW	WNW	
26			35	37	29	29	02	29	87	95	95	SW	SW	
27	)		42	43	36	29	92	29	94	95	75	SW	SW	Fog.
28			38	42	33	30	40	30	56	70	71	NE	NNW	Fine
29			34	37	35	30	58	30	57	75	71	W	WSW	Fog.
30		.15	41	45	45	30	35	30	30	69	74	WSW	SW	Clo.
31			46	48	40	30	35	30	30	75	71	SW	SW	Fine
1			47	49	34	30	00	30	10	72	70	SW	NW	Fine
2		.09	35	49	48	30	26	29	83	70	73	WSW	SW	Fine
3			51	48	30	29	40	29	41	74	68	W	W	Fog.
4			32	33	28	29	51	29	61	74	70	WNW	W	Sn. F.
5		.12	31	35	32	29	54	29	61	69	69	NW	NW	Fine
6			35	39	32	29	90	30	12	65	72	N	NW	Clo.
7			37	38	39	30	05	29	84	73	77	SW	SSW	Fog.
8		.18	40	43	35	29	84	29	96	76	72	SW	NW	Clo.
9			37	44	40	30	22	30	29	76	75	W	W	Clo.
10	(		41	47	35	30	32	30	37	76	76	W	W	Fine
11			40	46	35	30	40	30	41	77	75	W	SW	Fog.
12			40	41	31	30	41	30	41	76	76	W	W	Fine
13			36	40	37	30	42	30	17	76	77	WSW	SSE	Fog.
14		.10	39	42	39	29	03	29	92	76	76	SSE	S	Clo.
15			41	47	45	29	87	29	90	76	76	SW	SW	
16			49	49	44	29	88	29	83	77	79	SW	SW	Fine
17			45	47	43	29	83	30	02	77	76	ESE	E	Sleet
18			44	46	44	30	06	30	10	78	80	E	SE	Clo.
19		.06	45	47	44	30	12	30	12	76	78	SSE	SW	Fine

The quantity of rain fallen in January was 0 inch and 77-100ths.

\* The Number of the Haroscopy for January 1824, which has been ~~reprinted~~ <sup>reprinted</sup>, is now reprinted, and may be had at the Publishers'.

\* Communications, and Works for Review, are requested to be addressed (post-paid) to the Editor, to the care of Messrs. T. and G. Unwin, 25 Fleet Street.

THE  
LONDON MEDICAL  
REPOSITORY.

No. 136.

APRIL 1, 1825.

VOL. XXIII.

BEING

NO. XVI. OF A NEW SERIES.—VOL. III.

PART I.

ORIGINAL COMMUNICATIONS.

I.

*General Report of Medical Diseases treated at the Kent and Canterbury Hospital, from July 1824 to the commencement of January 1825; with a particular Account of the more important Cases.* By H. W. CARTER, M.D., Senior Physician to that Institution, Fellow of the Royal College of Physicians, London, F.R.S. Ed., &c.

IN-PATIENTS.

*Males.*

Remaining upon the books at last report ..14	}	40
Admitted since .....26		

*Females.*

Remaining upon the books at last report ..17	}	76
Admitted since .....59		

Total..... 116

VOL. III. NO. 16.—NEW SERIES.

2 M

	Males.	Females.
Cured .....	11.....	12
Received benefit .....	4.....	8
Received no benefit .....	1.....	0
Made out-patients.....	10.....	26
Died .....	2.....	2
Referred to the Surgeon .....	1.....	3
Remain on the books .....	8.....	18
Unaccounted for* .....	3.....	7
	—	—
	40	76

DISEASES OF IN-PATIENTS.

Abortio.....	1	Brought forward .....	38
Bronchitis, chronic .....	1	Menorrhagia .....	1
Calculus .....	1	Menses, obstructed .....	1
Catarrh .....	1	———— retained .....	1
Diabetes .....	1	———— suppressed .....	3
Debility, chronic .....	7	Mesenteric disease .....	1
Digestive organs, chronic af- fection of .....	6	Ophthalmia .....	1
Dropsy, general .....	1	Palpitatio .....	1
———— ovarian.....	1	Peripneumony .....	1
Encephalitis, chronic .....	1	Peritonitis, chronic .....	1
Epilepsy .....	1	Phthisis, confirmed .....	6
Eruptions† .....	4	———— incipient .....	7
Fever, continued .....	1	Psoas .....	1
———— intermittent .....	1	Rheumatism, acute .....	2
Heart, organic disease of....	2	———— chronic.....	8
Hemiplegia .....	1	Scrofula, externa .....	4
Hepatitis, chronic .....	2	Throat, syphilitic affection of	1
Hip, scrofulous affection of..	1	Spinal disease .....	1
Hysteria .....	2	Uterus, organic affection of..	1
Lepra .....	1		—
Lumbago .....	1		80
	—	Made out-patients .....	36
Carry forward .....	38		—
		Total.....	†116

\* Persons minuted down for admission, but of whom no intelligence was afterwards obtained.  
† See note on diseases of out-patients.  
‡ The list includes all who were recommended as in-patients, whether they were admitted or not.



OUT-PATIENTS.

*Males.*

Remaining upon books at last report.....	32	} 83
Admitted since .....	51	

*Females.*

Remaining upon books at last report.....	58	} 137
Admitted since .....	79	

Total..... 220

	Males.	Females.
Cured .....	11	21
Received benefit .....	14	34
Received no benefit*.....	3	7
Made in-patients .....	2	3
Referred to the Surgeon .....	1	1
Died† .....	7	4
Unaccounted for .....	14	17
Remain on books .....	31	50
	83	137

DISEASES OF OUT-PATIENTS.

ratio.....	1	Brought forward .....	19
rides .....	2	Cynanche tonsillaris.....	2
tes .....	4	Diabetes .....	1
ma.....	2	Debility, chronic .....	9
ichocele.....	8	Diarrhoea .....	8
rea .....	1	Dysentery.....	1
rosis .....	1	Dyspepsia.....	17
arry forward .....	19	Carry forward .....	57

The patients who received no benefit were the following : — 1st, Noble, ted with diarrhoea of very long standing, which was from time to time ked, but never overcome. The man at length became so feeble that he unable to attend, and was discharged at his own request. He is since . — 2d, Daniel Proppart, labouring under chronic affection of stomach. d, — Moore, who had been epileptic from a child, and who was made patient for the purpose of ascertaining whether the tartar emetic ointment d prove of any use. He discontinued his attendance, being in so imbe- a state that he could not, without much difficulty, be conveyed from the try backwards and forwards to the hospital. — 4th, A poor woman, who for years been labouring under disease of spine. — 5th and 6th, Persons ted by chronic disease of stomach. — 7th, — Blacklocks, with organic tion of uterus. — 8th, A case of obstinate chronic rheumatism. — 9th, A of asthma from childhood.

The diseases of the patients who died were : — Phthisis, 6 ; dropsy, disease of abdominal viscera, 1 ; marasmus, 2 ; organic disease of t, 1 ; variola, 1.

DISEASES OF OUT-PATIENTS—*Continued.*

Brought forward . . . . .	57	Brought forward . . . . .	133
Encephalitis, chronic . . . . .	1	Ophthalmia, strumous . . . . .	3
Epilepsy . . . . .	3	Peripneumony, chronic . . . . .	1
Erysipelas . . . . .	1	Peritonitis, chronic . . . . .	2
Eruptions* . . . . .	5	Porrigio . . . . .	1
Febris infantum, remittens . . .	1	Psoriasis diffusa . . . . .	2
Fever, continued . . . . .	2	Pyrosis . . . . .	2
—— tertian . . . . .	1	Phthisis, confirmed . . . . .	14
Gravel . . . . .	2	—— incipient . . . . .	9
Hæmoptoë . . . . .	2	Rheumatism, chronic . . . . .	20
Hæmatemesis . . . . .	1	Scabies . . . . .	1
Hemiplegia . . . . .	1	Scorbutus . . . . .	1
Heart, organic disease of . . . .	2	Scrofula, externa . . . . .	8
Hepatic affection, chronic . . .	11	Side, pain of . . . . .	1
Hydrothorax . . . . .	2	Spinal disease . . . . .	1
Hysteria . . . . .	9	Stomach, organic disease of . .	2
Leucorrhœa . . . . .	3	Trachea, chronic inflammation	
Lumbrici . . . . .	1	of . . . . .	1
Liver, abscess of . . . . .	1	Tinea capitis . . . . .	3
Lepra . . . . .	1	Variola . . . . .	1
Melancholia . . . . .	2	Urinary organs, disease of . .	1
Menorrhagia . . . . .	8	Uterus, organic disease of . .	1
Menses, retained . . . . .	1		—
—— suppressed . . . . .	4		208
Menstruation, difficult . . . . .	1	Unaccounted for . . . . .	12
Mesenteric affection . . . . .	10		—
	—	Total . . . . .	220
Carry forward . . . . .	133		

No. I. *Case of Ossification of the Pericardium, and of the Heart, with Enlargement of the latter.*

—— Marsh, aged forty-three, was admitted July 30th, 1824, with general dropsy. He had laboured under palpitation of the heart for upwards of twenty years, and had, in the course of the few last years, been frequently under medical care. What seemed to have afforded him the most marked relief was bleeding. Upon his admission into the hospital, his countenance betrayed the utmost anxiety; his complexion was of a dusky yellow hue; his lips purple. He breathed with extreme difficulty in every position, and the recumbent posture could not be borne. There was strong and irregular throbbing at the heart; and the pulse at the wrist was weak

\* Under this title are comprised those affections of the skin to which I have been unable to assign a specific appellation. The difficulty I have experienced on this head is not, I imagine, peculiar to myself.

and unequal, often almost imperceptible for a moment. His abdomen and lower extremities were considerably swollen. He passed little urine, and that high-coloured. His tongue was white; bowels costive. Under the use of digitalis and colchicum, with other diuretic medicines, occasional doses of elaterium, aided by two bleedings, he became so much better that, on the 25th August, he requested to be made an out-patient. Scarcely, however, had he reached home, when all the symptoms became worse; and on the 23d September he was again admitted in a most deplorable state. The extreme distress he experienced in breathing had, during his absence, been relieved for the moment by bleeding, but it quickly returned; and when he arrived in Canterbury, he was forced to kneel with his elbows on a chair, and even in that posture he could scarcely respire. Medicines, similar to those formerly prescribed, were resorted to in vain. It was found absolutely necessary to bleed him again; but the relief was very trifling, and in a day or two the arm assumed a gangrenous aspect. The patient died October 3d; and the following were the appearances, upon dissection, thirteen hours after death:—

The face and neck were of a livid hue. Upon opening the chest, we found a considerable quantity of fluid effused in it. The lungs on both sides adhered firmly to the pleura costalis; they were of much paler hue than usual, but otherwise healthy. The great disease, as was to be expected, was of the heart, and the membrane investing it. The latter was much thickened, and it every where adhered firmly to the heart. Upon dissecting it away, various portions of it were found converted into bone. The heart itself was more than double the natural size, and its surface presented many points of ossification: there was bony matter also in the left ventricle; but the substance of the organ was, in general, exceedingly tender, and the left auricle was so thin that, in all probability, had the patient survived a little longer, it would have given way. Neither the semi-lunar valves, nor the auriculo-ventricular valves, were in the least degree ossified. The abdominal viscera were, in general, healthy, only the liver was paler, and perhaps somewhat harder than natural. The gall-bladder contained several black, polished gall-stones.

In this case it required no extraordinary acumen to recognise the existence of organic disease of the heart. The patient himself was satisfied that he laboured under such disease, and stated that nearly twenty years ago he experienced exactly the same sensations, and seemed to have precisely the same symptoms with a young man who was in the

same ward, and who appeared evidently to be labouring under enlargement of heart.\* The case just recorded is an interesting one, both on account of the very long period during which the patient struggled with the disease, and the rarity of examples of ossified pericardium. In the elaborate treatise of Baron Corvisart, I do not find any mention of ossification of that membrane. Morgagni mentions the occasional conversion of a portion of it into cartilage,† but not into bone. Dr. Baillie states that he once saw an example of this disease;‡ but the most satisfactory accounts of ossified pericardium which I have seen are in the *Sepulchretum*, vol. i. p. 583, taken from Thuanus; Walter's *Observationes Anatomicae*, p. 63; and Prost's *Médecine Eclairée par l'Observation et l'Ouverture des Corps*, tom. i. p. 140.

No. II. *Sequel of the Case of John Lewin, mentioned in the Report of Diseases from January to July 1823.*

The patient having relinquished the habitual use of digitalis, in consequence of the alarming symptoms it had induced, found the oppression at the scrobiculus cordis more troublesome, and, indeed, almost insupportable upon any exertion. After trying the effect of other medicines, he resumed the digitalis, and was for some time relieved; but even this remedy failed for the last few months of his wretched existence. The symptoms formerly enumerated became more intense, and added to them was strong pulsation of the jugular veins and in the abdomen. At length he became universally dropsical, and died November 15th.

With some difficulty leave was obtained to examine the chest, about fifty-six hours after death. There was no fluid in the cavity. The lungs adhered very firmly on both sides, but they were crepitous, and altogether healthy throughout. The pericardium adhered firmly to the heart, and the latter was greatly enlarged and excessively loaded with blood. Its right side afforded no marks of disease; but the auriculo-ventricular valve of the left side was totally altered in structure, being partly cartilaginous and partly converted into bone, so that the valvular apparatus had become entirely useless. The aorta, just above the origin of the coronary arteries, was ossified to some extent, and it presented in various other parts traces of incipient ossification. The

\* The patient was perhaps right, and at the commencement of his disease, before the adhesion of pericardium and ossification of the left ventricle took place, his pulse might have been, like the young man's, regular, strong, hard, frequent, instead of weak, obscure, and irregular.

† Morgagni de Sedibus et Causis Morb. Ess. xxii. art. 10.

‡ Morbid Anatomy, chap. i.

aortic valves were similarly altered in structure. The examination was not prosecuted further, by desire of the relations of the deceased; and, indeed, enough had already been discovered to account for all the symptoms, and for the death of the patient.

No. III.

Thomas Fox, aged twelve years, was admitted September 25th in a state of extreme emaciation and debility, and having the appearance of one labouring under mesenteric disease. He had cough; excessive palpitation of heart, which conveyed to the hand applied to it the sensation as if it were moving in a fluid. Moreover, the palpitation was so diffused, if I may be allowed the expression, that I concluded there was enlargement of that organ. The pulse was at least 140, distinct and regular. The tongue florid. Bowels regular. Appetite good, and the patient slept well. He was bled to eight ounces, and the blood presented an appearance perfectly healthy. He was also ordered pills composed of digital. gr. ss., pulv. colch. gr. ij., every four hours; but as they seemed to disagree, causing nausea and depression, without the symptoms being at all relieved, they were omitted on the 30th, and inf. rosæ, with tinct. digital., were substituted for them.

October 1st. — He complained of sickness. The palpitation was very violent; there was heat of skin; other symptoms as before. Leeches were applied to the region of the heart; and afterwards the tartar emetic ointment was used till it produced a copious eruption.

10th. — He had spitting of purulent matter mixed with blood; and I then ordered a demulcent saline mixture with tinct. digital. The hæmoptoë did not return, but the boy gradually failed. There was clearly too much disease of chest to allow of a hope of amendment; and he was kept in the hospital chiefly for the purpose of ascertaining the disease after death, which happened December 11th.

*Examination five hours after death.* — Body excessively pale, and emaciation extreme. Strong adhesions of the lungs on both sides. The right lung healthy; the left converted almost entirely into a cavity containing pus. Pericardium contained considerably more fluid than natural, of a yellowish colour. Heart of natural size, and free from disease. Liver much enlarged, but healthy in structure. Spleen free from disease. The whole track of the intestines presented marks of inflammation. There was uncommon dryness of all the abdominal viscera, and adhesions of them to one another throughout. Mesenteric glands not much enlarged.

No. IV. *On the Ointment of Tartarised Antimony.*

When I have once given a remedy a fair trial, and have satisfied myself that it is, upon the whole, a useful one in any particular disease, I am accustomed to adhere to it even if it be treated with neglect by other Practitioners. Still, however, if it be approved of and adopted by intelligent medical men, I feel better satisfied. My opinion of the tartar emetic ointment, therefore, is fortified by my having read Mr. Crichton's paper respecting its use in epilepsy. His experiments were, it seems, instituted at the Foundling Hospital in Dublin, July 1822, and in consequence, as he says, of Dr. Jenner's statement of the success he had met with from its employment in several analogous complaints. The first case of epilepsy in which I found the ointment useful, was that of George Turner;\* and when I sent the history of his case to the Editors of the REPOSITORY, I imagined that the remedy, in its application to that disease, was a new one. I willingly, however, acknowledge that I was anticipated by Mr. Crichton—the more willingly, as he was led by analogy to employ it in epilepsy; whereas I discovered its power over that malady by accident, for, as was stated in my communication, I exhibited it, in Turner's case, principally with a view to a disorder of chest under which he, at that time, laboured. I hope that Mr. Crichton will hereafter furnish us with additional evidence in favour of the ointment. In the mean time, I beg to observe that the patient Turner has not had a fit since January 18th, 1824. A discharge is still maintained by the ointment; and when there have been indications of an approaching attack, he has been briskly purged, and leeches have been applied to the anus.† In the case of Charlotte Howland, who had been the subject of epilepsy for twelve years,‡ and who used the ointment for several months at intervals, there was no fit for fourteen months. The use of the tartar emetic was discontinued for some time previously to her being discharged from the hospital. In two other cases, the same application failed to remove the disease, but the attacks became less frequent. ||

When using the tartar emetic ointment in epileptic cases,

\* See LONDON MEDICAL REPOSITORY for May 1823.

† His head was speedily and essentially relieved by the leeches. February 7th, Turner was in better health than I had ever seen him.

‡ See REPOSITORY, May 1824,

|| Several cases have since occurred in which the ointment has been of great service.



I have not desisted upon the eruption taking place, but have generally directed a piece of linen spread with it to be applied to the part when it could no longer be rubbed in; and when, owing to the burning heat and pain, this application could not be borne, fomentations and poultices have been resorted to, and afterwards the ointment has been resumed, from time to time, so as to keep up a drain for many weeks. The tendency of the eruption to spread beyond the limits of the anointed part should be constantly kept in view. The ointment should not be rubbed over a large space. Mr. Crighton has noticed this tendency, and states that the eruption *most frequently* appears in very remote parts. I cannot say that I have observed this to be *generally* the case; yet once I saw, from the application of the ointment to the chest, a most copious pustular eruption upon the scrotum, while other parts of the body were unaffected. It may be worth while to remark, that in one instance sickness followed the use of the ointment. It was discontinued, and the sickness ceased, but recurred as soon as the remedy was resumed.\*

#### No. V. *Case of Abscess of Liver.*

Stephen Hammond, aged forty-five, was admitted May 21st, with diseased liver. Several years ago the man had been dropsical, but had recovered under the treatment of a Practitioner of deserved repute in this neighbourhood. He stated, that he had continued in tolerably good health until about a month previously to his admission here. He had been under the care of another Surgeon, by whom he had been treated very judiciously.†

Upon his admission the patient was in a state of remarkable debility, and there was great enlargement and hardness about the region of the liver.

On the 25th, there was much vomiting of dark fluid, mixed with blood. There existed great fulness and tenderness of the hepatic region; but I could not at this period satisfy myself that suppuration had taken place. The tongue was moist and florid. Pulse 72, and hard. Bowels not relieved for two days, and the patient asserted that he had passed no urine for four days. The countenance was flushed, and the expression anxious. There was cough, with some expectoration, but of mucus only. His appetite was bad,

\* In my next report I shall lay before the public two or three more cases of epilepsy, in which the tartar emetic has been advantageously employed.

† General and topical bleedings, blisters, mercurial purges continued and repeated, pil. hydrarg. in small and continued doses, digitalis, colchicum, and saline medicines.

and he got little sleep. He took small doses of calomel, with extract. conii;—inf. calumb., cum extract. taraxaci, potass. subcarb., sp. æther. nitr., ter die. Mercurial ointment was also rubbed on the side.

29th.—Urine was very dark, highly charged with bile, and depositing a copious dark sediment. Pulse 72. Tongue clean. Motions very unhealthy, of a muddy colour, and slimy. Distressing nausea and retching.

June 7th.—The mercury had affected his mouth. The tumour seemed more prominent. There was excessive weakness and irritability of stomach. He had for several days merely effervescing draughts. Afterwards I gave him tonic medicines, but was compelled to abandon them and to return to the draughts.

25th or 26th.—I again examined the tumour, which now pointed decidedly. Unwilling, however, that the abscess should be opened without a consultation, I requested the other medical officers of the hospital to see him. They unanimously agreed that it ought to be opened, and on the 28th five pints of pure pus were evacuated.

July 2d.—On this day about ten ounces of greenish, very fetid matter were evacuated. The patient had much cough, with abundant mucous expectoration. Pulse accelerated. Tongue clean. Skin hot. Considerable perspiration last night, and he was disturbed by the cough. Bowels act freely. Evacuations clay-coloured. Urine of far more healthy appearance. Continuentur haustus effervescentes; sumat horâ somni mist. demul. salin. cum tinct. opii g<sup>tt</sup>. xxv.

3d.—Ten ounces of green and intolerably fetid pus discharged this morning. Some sleep last night, but his countenance is now expressive of anxiety. There is great debility, with tremor, and total loss of appetite.

R Pulv. Cinch. ʒij.

Vini Rubri Lusitan. 0j.

Infunde per horas octo, et sumat liquoris colati f. ʒij. ter quaterve die.

R Mist. Camph. ℥ 3x.

Spirit. Ammon. Aromat. f. 3j.

Tinct. Opii g<sup>tt</sup>. xxv.

Pulv. Myrrhæ gr. xv.

Sp. Lavand. C. 3j. M.

Ft. haustus horâ somni sumend.

Wine and porter ad libitum.

4th.—Sixteen ounces of healthy pus evacuated. On the following day the myrrh was omitted, as it seemed to oppress

the stomach, and a dram of Hoffman's anodyne was added to his night draught.

By the 15th there was hardly any discharge, except upon coughing. The bougie, which had been hitherto retained in the opening, was now removed.

20th. — Little discharge from the wound. His pulse was natural. Tongue clean. Cough less. Expectoration trifling. Bowels kept open by medicine, and dejections healthy. Urine perfectly natural. Perspiration diminished. Appetite good.

24th. — Little discharge. Pulse 74. Symptoms all favourable.

He remained in the hospital till September 17th, when he was made an out-patient.\*

November 12th. — He seemed to enjoy pretty good health, though his living had, of course, been less generous since his quitting the hospital. The discharge, which at one time had nearly ceased, was now again more copious, and he felt better. He was directed to continue a mixture he had been taking for some time, and which consisted of bark, with myrrh, and tinct. of bals. of Peru; an opium pill at night, and laxative occasionally.

December 17th. — Dropsical symptoms had again appeared. The abdomen was considerably swelled, and the lower extremities were anasarcaous. He was ordered pil. hydrarg. with digital., and a mixture with inf. armorac. c., sp. æth. nitr., sp. junip. c.

January 8th, 1825. — The patient is much relieved. The dropsical symptoms are nearly gone. There is still some discharge from the right side, but it is trifling in quantity. His general appearance is very favourable. He continues the mixture and the digitalis; but, his mouth being affected, the blue pill is omitted.†

#### No. VI. *Ascites, with Anasarca.*

Sarah Hatton, aged thirty-seven, married, was admitted June 22d, with dropsy, depending upon great debility, from low living, and lactation. The swelling of abdomen was not very considerable, though fluctuation was sufficiently distinct; but the lower extremities were much distended, and of marbly whiteness. Pulse 120, and very feeble. Tongue white and dry. Respiration hurried. Bowels disposed to costiveness, but, at the period of her admission, open by

\* This patient was seen by Dr. Copland when he visited our hospital last summer.

† The sequel of the above case will be given in a future report.

medicine. Evacuations dark. Urine scanty, high-coloured, and depositing a brownish sediment. I was unable to detect any visceral disease. Viewing this as a case of pure debility, I first prescribed an electuary of ferrum tartariz. et potass. supertart. cum syr. aurant.,\* two tea-spoonsful to be taken every four hours, and the following draught at bed-time:—

R Camph. f. ʒx.  
Tinct. Cantharid. g<sup>tt</sup> xv.  
P. I. C. ʒss.  
Syr. s. f. ʒj.

She had also full diet, and Hollands and water for common drink.

The electuary, however, excited nausea and retching, and on the 24th the ascites was certainly increased. The former medicine was now discontinued, and mist. camph. cum inf. digital., spirit. æther. nitr., potass. acet. ʒss., and olei junip. g<sup>tt</sup> v. was given every three hours, and mistura camph. cum confect. aromat., vini colch. f. ʒj., liq. ammon. acet. f. ʒij., extract. hyoscy. gr. iij., syr. papav. f. ʒj. every night. Imperial was ordered for common beverage.

In a few days the dropsical swellings began to decrease, but there remained great difficulty of respiration, to which the patient had been subject previously to her present illness. The medicines were continued, and pills were ordered at bed-time, containing the extract. of stramon., hyoscy., and conium, with pulv. ipec. c. A blister was applied once and again to the chest.

July 12th.—As she continued very weak, the former mixture was discontinued, and she had mist. camph. cum decoct. cinch., sp. æther. nitr., tinct. scillæ, et oxymel. colch., tertiis horis. The anodyne pills were continued, with the substitution of five grains of camphor for the Dover's powder.

19th.—The dropsy had totally disappeared, but the difficulty of breathing continued, and sometimes was extremely urgent, almost amounting to spasmodic asthma. She complained of general debility, and particularly of pain of knees, for which the volatile liniment, with tinct. canth., was ordered.

On the 26th there was a violent paroxysm of dyspnœa, with retching. The lower extremities had again become somewhat anasarcaous, and the urine was diminished in quan-

\* The electuar. tartari cum ferro tartariz. of St. Bartholomew's Hospital.

R Potass. Supertart. ʒij.  
Ferri Tart. ʒiss.  
Syr. Aurant. vel Zingib. q. s. Misce.

tity, and high coloured. Mist. camph. cum liquore ammon. acet., sp. æth. comp., tinct. scillæ, ter die. Pil. galb. c. Æss. mane et horâ somni. Omitt. cætera.

28th. — The former mixture not agreeing, inf. rosæ cum tinct. hyoscy. and tinct. card. was substituted for it. Wine and water, beef tea, and arrow root, were directed as nourishment.

August 13th she was made out-patient.

September 3d she was discharged, cured.

December 15th I saw the patient, who told me she was in better health than she had enjoyed for several years before.

#### No. VII. *Ascites, with Anasarca.*

John Hobday, aged thirteen, post-boy at a public-house, was admitted out-patient, November 12th, with ascites, and anasarca of lower extremities and scrotum. The lad was very pale and weak. He had been affected, previously to the dropsy appearing, with constipation and dyspepsia. He had lived very low. He was first ordered calomel, gr. iij., cambog. gr. v., mucil. trag. q. s., ut fiat pil. ij. statim sumend.: then mist. ferri c. f. ʒjss., tinct. digit. g<sup>tt</sup> x., quartâ quâque horâ.

19th. — The swelling was considerably diminished, and the quantity of urine increased. Bowels rather costive. Pergat., et sumat extract. col. c. Æss. pro re natâ.

26th. — On this day, as the dropsical symptoms were almost gone, I prescribed a bark mixture, with confect. aromat. and sp. lav. c., and pil. ferri cum myrrhâ, Æss. mane et nocte; but the following week he was manifestly worse. The mist. ferri c. with tinct. of digital. was then resumed, and he took pil. aloës cum myrrhâ, Æss. alternis noctibus. On the 10th December he was discharged perfectly free from complaint.

In this case tonics alone did harm, and the state of the patient was such that depletion and sedative medicines would have been still worse. The combination of the steel mixture with digitalis produced an unequivocal good effect; and this is only one out of many cases in which I have proved its value.

#### No. VIII. *Case of apparent Phthisis Pulmonalis, with Disease of Mesenteric Glands.*

James Tapley, aged ten years, admitted out-patient June 18th, afforded a truly remarkable instance, I will not say of recovery, but of very great improvement, from what appeared to be confirmed phthisis with mesenteric disease. The lad had been ill for a twelvemonth, and was in a state of the utmost debility, with cough, and seemingly purulent expec-

toration, rapid pulse, moist florid tongue, tumid abdomen, and pain and irregular action of bowels; great emaciation. According to the mother's account, six of her children had died of similar complaints. *Sumat horâ somni haustum demulc. salin: cum extract. hyoscy. gr. iij. syr. papav. f. 3j.; et liquoris calcis muriat. mxxx. ter die è lacte.*

25th. — Symptoms appeared to be on the increase, and he complained of great pain of epigastric region. No rest owing to the cough. *Cont. liquor. calcis muriatis, et sumat omni nocte mist. amygd. cum acidi prussici miiij., syr. tolut. f. 3ss.; appl. epigast. emplast. cantharid.*

July 2d. — Improved. Bowels rather costive, and abdomen tumid.

℞ Hydrarg. Submur. gr. ij.

Pulv. Rhei, gr. vj.

Pulv. Cinnam. C. gr. ij. M.

Ft. pulvis hâc nocte sumend.

From this period the patient went on steadily improving. No alteration was made in the medicines, excepting that the prussic acid was increased to *miv.* on the 9th; and as he complained of pain of the lower extremities, he had the liniment. *saponis cum opio.*

August 27th. — He was discharged. He was then able to return to school, and I afterwards saw him playing among the other boys. About the middle of December he continued comparatively well, still attending his school; he, however, had a troublesome cough; and I have little doubt he will, at some future period, be again a patient at the hospital.

February 20th. — The boy continued in good health.

## No. IX.

John Matthews, aged fifty-seven, the father of the girl mentioned in my last report as having been cured of recent bronchocele, by the use of the ointment of hydriod. of potash, was admitted into the hospital June 18th, with ascites. Paracentesis was performed without delay, for diuretic and other medicines had been exhibited without effect previously to his admission. When the fluid was evacuated, the cause of the dropsy, which the great and uniform tension of the abdomen had before obscured, became sufficiently manifest. There were enlargement and induration of liver, and undoubtedly, I think, disease of the glands of the mesentery. Mercurial friction was used; blue pill with extract. *conii*, and various other remedies, were tried without the smallest advantage; and on July 2d he was, at his own request, made out-patient. He afterwards used the iodine ointment, and took *g<sup>tt</sup>. v.* of the tincture thrice a day; and it is chiefly on



account of this medicine having been employed that I have given a sketch of the case. It was, in fact, a hopeless one. I wished to see, however, whether the iodine would make any impression upon the chronic abdominal disease. It certainly failed to do so, and its internal employment probably did harm, for it affected the bowels and caused soreness of throat; and I was obliged to relinquish it, as I have been in several other instances. Dr. Coindet has, I believe, abandoned the internal use of iodine altogether; and my limited experience of its effects would induce me to follow his example. The ointment, in the case before us, produced a very copious pustular eruption, almost exactly resembling that produced by the tartar emetic. No relief of the internal disease followed.

#### No. X. *Case of Lepra.*

Isaac Jarman, shipwright, of Ramsgate, was admitted August 13th, with well characterised lepra of three months' standing. The disease was, according to the patient's statement, hereditary. He had worked very hard, and had lived low. The ung. hydrarg. prussiat. was ordered to the parts chiefly affected; and he took gr. viij. of the pil. hydrarg. submuriat. c. every night, and decoct. dulcamar. f. ℥iss. cum liquoris potassæ m. x. ter die. I also directed the sulphuretted bath. He was put upon full diet, with porter.

23d. — Little or no improvement. I now prescribed decoct. cinch. cum extracti ℥ss.; liquor. potass. oxymur. f. ℥iij.\* ter die. Pil. hydrarg. gr. viij.; extract. conii gr. v. omni nocte. The ointment was continued.

September 7th.—He was certainly better, and I discovered that he had amended from the 1st, when the bath was employed for the first time. From this date he continued steadily to improve; was made out-patient, at his own request, on the 22d, and on the 8th October he was discharged cured.

This was an extremely well-marked case; and the cure was complete, and, as far as I can tell, has been permanent; but whether permanent or otherwise, it was *ipso facto* a cure.

In the case of Mary Francis, aged seventeen, affected by psoriasis diffusa of recent date, the decoct. dulcamaræ, with the solution of oxymuriate of potass, and Plummer's pill, were given, the former thrice a day, the latter at bed-time. Unguent. hydrarg. nitr., ung. hydrarg. præcip. albi, partes æquales, were used to the parts chiefly affected, and she had

\* A saturated solution of oxymuriate of potash in distilled water.

the warm-bath. The bath, however, we were obliged to relinquish in a few days, as the patient's head became affected and epistaxis occurred. Leeches were applied to the temples, and the medicines just mentioned were continued.

On the 8th October she was discharged, cured.

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## II.

*A Letter to the EDITOR of the MEDICAL REPOSITORY, from ANTHONY TODD THOMSON, M.D., F.L.S., &c. &c., containing a Case of Irritative Fever, arising from a Scratch received in a Morbid Dissection; with Remarks on the Nature and Treatment of similar Cases.*

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DEAR SIR,—Whatever may be the cause, the fact is well ascertained, that more Medical Practitioners have suffered from accidents depending upon morbid dissections within these last ten years, than for half a century before the commencement of that period; yet, it is a remarkable circumstance, that, amongst the numbers who have recovered from these accidents, no individual has published his case for the benefit of the Profession. Having lately almost lost my life from an accident of the above-mentioned kind, I shall endeavour to supply the desideratum which I have noticed, by giving you a detailed account of my own case, with a few remarks on the nature and treatment of similar cases.

Early in the month of November last (1824), I was requested to see a lady who had been labouring, for ten days, under a severe inflammatory affection. I found her in a state of extreme danger; and, indeed, so hopeless was the case, that I hesitated to use the lancet, on which alone, however, any prospect of benefit depended; for, although she had been previously bled, both topically with leeches and at the arm, yet, the excitement was such that nothing but further depletion promised even a shadow of success. She was, accordingly, bled to the amount of twenty ounces and purged freely; but she died on the following day. I may mention, that the inflammation under which she laboured, when my advice was demanded, was pleuritic; but, as her friends informed me that her head had been previously the seat of the disease, and it was only when the pain left the head that the pleura became affected, I concluded that the disease was Rheumatism, and that her dissolution was to be attributed to the metastasis which, sometimes, occurs in the acute form of that complaint. It

may be proper to mention, also, that the arm in which she had been bled, previously to my seeing her, was painful, much swelled, and displayed all the symptoms of inflammation of the vein; to relieve which, it had been poulticed and kept cool with an evaporating lotion. She had been delirious during the night before the day in which I saw her; but, at the time of my visit, she was perfectly collected, and continued so until the moment of her death, which was unattended by any struggle or convulsion. On the second morning, at half-past seven o'clock, thirty-two hours after her death, I opened the body.

The stomach, although it was greatly distended with flatus, yet, was perfectly healthy in appearance; as was the liver, the pancreas, the spleen, and, with the exception of one of the ovaria, every abdominal viscus. The uterus was unimpregnated, and the os tincæ completely pervious; the right ovarium was rather larger than usual; and a hydatid, the size of a pea, was appended to it by a kind of ligament. I particularly notice the unimpregnated state of the uterus, because an opinion prevails, that much of the danger arising from the wounds received in morbid dissections depends on something connected with the puerperal state. On opening the thorax, its left cavity was found to contain about a quart of bloody serum. The pleura costalis, from the third to the seventh rib, and from the spine to about the breadth of the hand distant from the sternum, bore evident marks of violent inflammatory action having recently existed, as did also the pleura pulmonum, corresponding to the above-mentioned space: both were covered with a reticulated web of coagulable lymph, but in no place did they adhere. The greater part of the principal lobe of the left division of the lungs was turgid with blood. There were no other appearances indicative of disease in any part of the body.

No accident occurred, either to myself or to the young gentleman who assisted me, in the dissection; but, in sewing up the body, having, improvidently, furnished ourselves with curved needles only, I received a slight scratch on the first joint of the fore-finger of the right hand, owing to the needle turning suddenly round whilst I was forcing it through the integuments of the body. The wound was so slight that I paid no attention to it at the time it occurred; nor was it sufficient to attract my notice until the evening, twelve hours afterwards, when it excited a slight degree of pain and appeared a little inflamed. The pain, however, increased towards bed-time; awoke me after I had been asleep two hours only; kept me awake the rest of the night, and was accompanied with very profuse perspiration. In the morning

the finger was considerably inflamed, and a small white spot appeared in the centre of the scratch, from which, on opening it with the point of a lancet, I squeezed a globule of pus. The finger was so much relieved after this slight operation, that I regarded the wound unworthy of farther notice ; but, during my professional visits in the forenoon, I was attacked with rigors ; my strength gradually failed, and my system became evidently under the influence of incipient fever. I, nevertheless, continued my visits, although I was, at length, scarcely able to ascend a stair ; and, on returning home at two o'clock in the afternoon, I fainted as I was giving my orders to my assistant ; but being laid upon a sofa, I soon revived, and became sensible of the nature of my alarming condition.

Although my mind was weakened by the state of my body, I was sufficiently collected to reflect, that as extreme prostration of strength was the most marked symptom of my attack, the best method of meeting it was to attempt to rouse the nervous energy, and, at the same time, to clear out the bowels : I therefore ordered for myself a mixture containing camphor, ammonia, and wine of colchicum ; and had taken two doses of it before my friend Dr. Granville, who had been sent for on the occasion, arrived. I could not convey a more accurate idea of my sensations to the Doctor, than by comparing them to those which are said to result from the bite of a *Cobra di capella*, or other venomous serpent ; or to those which I had once heard described by a person who had taken an overdose of Prussic acid. The debility, besides being excessive, was accompanied by such a feeling as I conceive must attend the approach of death, at the close of a disease of debility. The respiration was laborious, and accompanied by an acute pain under the xiphoid cartilage, extending to a short distance along the sternum ; while the pulse was quick, vacillating, and struggling, with occasional hard throbs, “ which,” to use Dr. Granville’s words, “ would have authorised bleeding in the hands of an inexperienced practitioner.”

Dr. Granville concurred in the principle which had guided me in prescribing for myself, but disapproved of the colchicum ; and, instead of the mixture which I was taking, ordered for me a bolus composed of three grains Camphor and four grains Cayenne pepper ; and, as my extremities were cold, the entire surface of the body pale, and the features shrunk and cadaverous, he directed the feet to be bathed in hot water previous to my being conveyed to bed. The prostration of strength was, however, so great, that this could be effected only whilst I remained in the

recumbent posture, in which position, also, my clothes were obliged to be taken off. The wounded finger was poulticed.

The bolus, which was repeated, and the pediluvium produced that reaction which was expected, and I obtained some sleep during the night. On the following day the pulse was upwards of 130, but small; the skin hot and dry; and there was some degree of delirium; but these symptoms, as well as the pain under the xiphoid cartilage, which was still felt, although in an inferior degree, in the morning of this day, subsided as the bowels were freely opened, by a Calomel bolus and a brisk purgative, composed of a scruple of jalap and half a dram of supertartrate of potass, which Dr. Granville had prescribed. The pain of the finger, which was now swelled, stiff, and inflamed, was less severe than I anticipated; but it extended up the arm, and was slightly felt in the axilla. An evaporating lotion was substituted for the poultice; and three grains of James's powder were ordered this evening in combination with four of extract of henbane, instead of the Cayenne pepper. I slept better this night; and, by continuing the use of the pills, and maintaining the full action of the bowels for the three following days, I was so much relieved as to be able to sit up for a few hours and to take a little nourishment on the fifth day; and, on the sixth, I considered myself out of all danger. The pain of the finger, which had hitherto given me but little uneasiness, began now to be excruciating; and, notwithstanding the use of warm fomentations and poultices, increased to a degree which was almost insupportable. The seat of pain, however, was not the wounded part; but nearly an inch above it, in the second phalanx of the finger. My friend Mr. Brodie saw me late in the evening, in conjunction with Dr. Granville; and as it was supposed that suppuration had begun under the fascia, it was determined to lay it open by a free incision down to the bone, which was accordingly done by Mr. Brodie; and the hand was afterwards exposed to the influence of the steam of boiling water. Scarcely more pus than was sufficient to cover the point of the lancet was evacuated; but by continuing the steaming, at intervals, for several days, the part suppurated freely, and my recovery was completed. At the end of ten days I was again able to renew my professional avocations, although some weeks elapsed before the debility in which I was left by the disease was entirely overcome. I ought to mention that the middle finger of my left hand, on which a small morsel of the cuticle close to the nail was separated, forming what is vulgarly termed

“ a hang nail,” became inflamed, suppurated, and cast the nail.

The following corollaries are deduced from the facts connected with the origin and progress of this case : —

1st, It is evident that diseases of an inflammatory nature, affecting the serous membranes, even when *unconnected with the puerperal state*, generate a virus, which continues active for some time after the death of the individual; and is capable, when introduced into the living system by inoculation, of exciting a dangerous degree of irritative fever.

2d, It is probable, however, that a certain predisposition of the body of the dissector may be necessary for the production of this effect.

In my own case, my health was not in the best state at the time of my receiving the scratch, as I had been previously much harassed both in body and mind, by the extent and nature of my professional duties.

3d, That the effect of the introduction of this virus into wounds, or chops, or abrasions of the cuticle of the hands in dissection, is local inflammation and the production of a similar virus in the part, which, being absorbed into the system, diminishes so greatly the nervous energy, as nearly to destroy the action of the heart; and, thence, to produce congestions in the vascular trunks highly detrimental to the powers of life, and which prove not unfrequently fatal.

If these corollaries be correct, two questions of great importance present themselves for consideration : — 1st, In what manner, independent of care in avoiding wounds, is the influence of this virus to be guarded against in dissection? 2d, When inoculation has taken place, what plan of treatment is likely to prove most beneficial in overcoming the disease which follows?

In considering the first query, it is obvious, that no description of gloves, nor any coverings for the hands of a similar nature, can be employed by the dissector; but I am of opinion, that the hands, if chopped or abraded, might be protected by rubbing them over with oil. It is a well-known fact, that the oil coolies at Tunis are rendered insusceptible of the contagion of plague owing to their bodies being constantly covered with oil, which can be explained only on the principle of non-contact; and as oil is impermeable by watery fluids, the probability is, that it would secure the chopped or abraded hands of the anatomist, in morbid dissections, on the same principle. But it cannot secure him from being wounded either by the scalpel, the needle, or the edges of fractured or of carious bones, or from the conse-



quent inoculation; and, thence, the necessity of the second query.

The wounds which are received in morbid dissections are seldom deep, and most frequently do not penetrate through the cutis vera. When this is the case, perhaps the most certain mode of preventing the threatened evil would be, instantly, to cut out the portion of wounded skin with a *clean* scalpel, and to encourage a flow of blood by bathing it with warm water. Sometimes, however, scratches are received unconsciously, owing to the attention of the dissector being deeply engaged in the investigation of his subject; and the first notice he receives of the injury is from the local inflammation of the wounded part. It is then too late to have recourse to excision: what mode of treatment, therefore, should be adopted? Were I to reason from my own case only, I might consider it sufficient to refer to the treatment which it details; but the Profession has been instructed, by experience, not to depend upon the result of single cases. If the view, however, which has been given of the nature of the attack be correct—if the first effect of the absorption of the virus be to diminish the nervous energy, and, by thus weakening the moving powers of the blood, to permit congestions in the trunks of the vascular system,—it is evident, that, unless the balance of the circulation be restored, the functions of life cannot be continued. Reaction may take place by the powers of the habit; or the congestion may be removed by bleeding; or it may be overcome by reaction induced by rousing the nervous system by artificial stimuli, as in the case before us. If we trust to the powers of the habit, it is impossible to calculate upon the consequences: the resulting fever may be sufficient to endanger life; or organic mischief may occur, which would ultimately destroy it; and it is unnecessary, therefore, to reason upon the probable effects of the *vis medicatrix* in cases of this description. It only remains, therefore, to estimate the comparative advantages of bleeding and of stimuli. The opening a vein in the arm will undoubtedly relieve congestions in the vascular trunks within the thorax and abdomen; but if these congestions have arisen from the nervous energy being diminished, by the introduction into the habit of a virus operating as a powerful sedative, it may be doubtful whether, after they have been thus relieved, the balance of the circulation will be maintained. If the moving power of the vascular system depends on nervous energy, the mere unloading the great vascular trunks, in which the blood has accumulated from the action of the heart being unequal to propel it onwards, owing to a paralysis, as it were, of the

nerves, is not likely to restore that power; and, therefore, we must conclude, that the lancet is less efficient than stimuli, which are calculated to rouse and maintain the nervous energy. The result of the practice which has been generally employed in these cases, might be brought forward to determine the question; but the records of it are too scanty to admit of a satisfactory inference being drawn from it. In my own case, in which there was evidently no injury either to a nerve or a vein, the beneficial effects of the stimulating plan, in the first instance, followed by active purgation, was decisive; and my friend Dr. Granville, to whose skill, judgment, and kind attention, I attribute my recovery, has found it equally so in several cases which have since occurred, and come under his care. It is, at all events, worthy of being tried by the test of experience.

Before closing this communication, I shall mention a curious physiological fact, of which I have hitherto been unable to obtain any satisfactory explanation. The cuticle of the finger, which was scratched in the dissection, having separated owing to the inflammation and the use of the steam-bath, a great increase of sensibility followed; and along with this, an extraordinary *idea of extension* was communicated. Thus, in touching my hair or my skin, each hair felt like a rope in magnitude, and the minute and almost invisible fissures of the skin became obvious and highly perceptible to the touch. The increased sensibility is easily explained; but in what manner are we to account for the idea of increased extension?

I remain, dear Sir, your's faithfully,

ANTHONY TODD THOMSON.

### III.

*Remarks on some Means employed to Destroy Tænia, and Expel them from the Human Body.* By LOUIS FRANK, M.D., and Privy Counsellor of her Majesty Maria Louisa, Duchess of Parma.

[Communicated by the Author.]

NOTWITHSTANDING the number of remedies which have been recommended, and often found efficacious, in destroying and expelling the different kinds of worms which infest the human intestinal canal, every experienced Physician will agree with me, that all of them are often inadequate to those effects, and particularly as regards the tænia. These circumstances have determined me to publish the present obser-

vations on the subject, which, without possessing the merit of absolute novelty, may be of some use to the Practitioner.

Being at Vienna in 1814, I learned from the celebrated helminthologist, Dr. Bremser, that he had for ten years been in the habit of employing, from preference, and with invariable success, Mr. Chabert's\* remedy for the expulsion of tænia, of which I afterwards gave some account in Italy, in the *Repertorio Medico-Chirurgico Torino*, 1821. I have had an opportunity of employing this treatment in two cases where the patients had been tormented many years, and in both with complete success: for, seeing them both a year afterwards, I found them both in perfect health, and free from all the inconveniences they had formerly experienced. I ought to say, however, that if I was happy enough to cure these two patients, I was much indebted to their own perseverance, and their truly heroical courage in taking this, the most disagreeable remedy in the world, for several months.

Having, on a future occasion, to treat two patients of less resolution and courage, troubled with tænia, I determined to follow the practice of the English Physicians, and to employ the oil of turpentine in large doses: and having heard of the success of Mr. Bourdier and other French Physicians with the sulphuric æther, either in a mixture or given by means of clyster, I thought the addition of it to the turpentine could not be otherwise than useful. But I was not long in discovering, that an Italian stomach does not so easily bear what is supportable to that of an Englishman. I consequently determined to employ the following mixture:—half an ounce of oil of turpentine; two drams of sulphuric æther; half an ounce of gum arabic in powder, in a pound of distilled chamomile water; causing my patients to take two spoonfuls of this mixture morning and evening. Four of the mixtures, taken in succession, dispelled the symptoms caused by these importunate guests, and I had the satisfaction to see my two patients two years afterwards, in the enjoyment of perfect health. I was not equally fortunate with the fifth patient, who was almost worn out by long suffering from tænia: the smallest dose of the mixture excited nausea and vomiting, and I was compelled to think of some other mode

\* The *oleum empyreumaticum Chaberti* is prepared from one part of the fetid oil of hartshorn, and three of the oil of turpentine. These are well mixed, and left at rest for four days: they are afterwards distilled in a sand-bath until three-fourths of the liquor has passed over. This is to be kept in a bottle with a glass stopper, and preserved from the rays of light. — Ed.

of procuring him relief; I therefore ordered him the following : —

℞ Seminis Santonici (in pulv.), ʒss.

Radicis Jalapæ,

Ferri Sulphatis, āā ʒj.

Ol. Cornu. Cervi, g<sup>tt</sup> viij.

Syrupi, q. s.

To be made into twenty boluses, one to be taken morning and evening.

When the entire dose of these boluses had been repeated six times, the patient found himself free from the great inconveniences with which he had been troubled; he gradually regained his good looks, and assured me, after the lapse of a year, that he found himself quite well. In all of these instances, it is worthy of remark, that the *tænia* was never expelled whole, but in fragments, which were often half putrified: the same thing was very often observed by Dr. Bremser.

Dr. Leberton informs us, that Buchanan and Berton, English Physicians, had some time previously employed the bark of the root of the pomegranate (*punica granatum*) against *tænia*, and with the greatest success.\* The celebrated Portuguese Physician Gomez relates fourteen cases in which it successfully expelled the *tænia*; and the same remedy has already been given by several Physicians in Piedmont with similar results. This medicine has not yet been tried more than once at Parma; but the patient had been ill ten years, was much debilitated, and being unable to continue taking it more than four or five days, derived no advantage from it. I am of opinion, however, that we are not always to look for the cause of failure in the circumstances of the patient; for although the mode of prescribing and administering the medicine was the same as that of the above Practitioners, the manner of preparing it might have some effect; since I agree with the learned editor of the *Journal de Pharmacie*,† that it is important to macerate the bark and cause it to swell in cold water before subjecting it to ebullition. It would also be worth while to examine whether or not the rind of the fruit partakes of the properties of the bark of the root, as the fruit is generally much more easy to procure.

Although I have practised medicine for forty years without ever employing any arsenical preparation, yet, consi-

\* Medico-Chir. Trans. of Lond., vol. xii.

† Année 1824, Octobre, p. 502.

dering the great difficulty of expelling the tænia, I should not be decidedly averse to the employment, as a last resource, of the arseniate of potash; or, what would be preferable, the arsenical tincture, in doses of from twenty to twenty-five drops, particularly as I understand this has been found to succeed in the hands of an English Physician. But although I should not object to a trial of these means, made with all the caution required both by the remedy and the circumstances of the patient, I consider it incumbent upon me, at the same time, to warn younger Physicians, who are generally too bold and too confident in their own knowledge, to abstain from this experiment, lest, instead of carrying off the tænia, they should be unfortunate enough to carry off the patient. It is true that I have known an empiric give twenty-five drops of a strong solution of arseniate of potash to cure an intermittent fever, and take the same dose himself with the effect of unloading his stomach and bowels of a mass of impurities; but whatever such rash practitioners may say, I can never avoid suspecting that they often overlook the victims of their practice.

It is well known, and I have myself observed, that after a drastic purgative, or some kind of vermifuge medicine, and, above all, after a medium dose of oil of turpentine, a more or less considerable portion of the tænia will pass out of the anus; and, if an attempt is made to retain it by force, we can only draw away an inconsiderable portion of it, whilst, sometimes, the protruded portion will all pass up again. On this account, Dr. Cagnola\* proposed touching this portion with hydrocyanic acid, imagining that the strong action of so powerful an agent might be so diffused over the whole of the tænia as to kill it. This proposition, of which I expressed my approbation, and which I recommended in the same year in the *Repertorio Medico-Chirurgico di Torino*, became known in Germany, and was successfully acted upon by Dr. Garleke: the acid was applied to a portion of tænia about four inches long, which had passed out of the anus, and the tænia almost immediately attempted to retreat, and struggled much on being held, and after an hour was voided dead.† Might not an electric shock be similarly applied to kill the tænia? This has already, it is true, been tried at Vienna, unsuccessfully; but no ill effects having arisen from it, it might be repeated in further instances, since it is probable, that when the tænia is situated near the anus, it might feel the shock more sensibly than when it is higher.

\* Vide Omodei, *Annali di Medicina*, 1821.

† Vide *Journal de Hufel-public*.

I shall conclude this short account of the methods employed to expel the *tænia* from the intestines, by noticing the ingenious process of a Surgeon at St. Petersburg, who, finding that the sphincter ani was strongly contracted over a portion of *tænia*, conceived the happy idea of passing this portion of it into a canula which he introduced into the rectum, and then, proceeding in the manner practised successfully for the extraction of the *gordius*, succeeded in extracting the *tænia* whole. This method, though very little known, is not less deserving the attention of the Profession.

As all the remedies hitherto recommended for the expulsion of *tænia* are more or less violent; as there is a general persuasion of the necessity for remedies and for a very active treatment to expel the different kinds of it; we may say, that notwithstanding these means, our success is merely the result of chance, of the possibility of which Dr. Bremser's observations have afforded proof.

#### IV.

*A Case of Meningitis, in Illustration of the Principles laid down in an Essay on that Subject, published in the 133d Number of the LONDON MEDICAL REPOSITORY.* By JOHN DAVIES, Esq., Member of the Royal College of Surgeons, Member of the Philomathic Institution, &c.

THE subject of the present case was a male child of sixteen months old, of a weakly constitution from his birth; fair skin, prominent blue eyes, and large head. He had had repeatedly slight attacks of affection of the head at different times, which were subdued by leeches and calomel. His spine had a considerable lateral curvature.

On the 26th of November, 1824, he was attacked with severe pneumonia, for which he was leeches, blistered, purged, &c., by which means the disease was subdued in three or four days. On the 30th, when the affection of the chest was scarcely subdued, symptoms of enteritis began to appear. By the application of leeches, followed by warm poultices to the abdomen, this attack also was soon conquered.

December 2d. — The head was very evidently affected; the pupil of the eye was contracted; he could not bear the light to fall upon the eyes; he constantly kept rolling his head about from side to side; any sudden noise in the room, or merely touching his skin, made him scream most violently; he had scarcely any sleep, but continued to scream



incessantly, so that he might have been heard over the neighbourhood. The pulse was from 150 to 160, and very weak. His strength was, of course, very much reduced by the means employed for subduing the inflammation of the chest and abdomen. His bowels were open (three or four times a day), but the stools were composed of scarcely any thing but a mixture of green and black slime. The skin over the body was pale, and the extremities cold; but the head was particularly hot to the touch. The forehead and brows were drawn into that kind of frown which is so striking in the character of meningeal inflammation.

As the constitution was naturally weak, and as he had already a good many leeches applied when the chest and bowels were affected, independently of the cathartics and antimonials which he took for several days, the system, from all appearances, could not bear the loss of more blood at present. The head was ordered to be immediately shaved, and then kept constantly cold with an evaporating lotion; he was put in the warm-bath up to the arm-pits; and the blister applied between the shoulders for the pneumonic affection was ordered to be kept open by the *ceratum lyttæ*. He was also ordered to take three grains of calomel every three hours.

3d.—Much the same as on the day before; but the disease, upon the whole, was rather aggravated. The same plan to be persisted in.

4th.—He was exceedingly irritable, starting and screaming almost constantly; but at the short intervals between these startings he appeared quite stupid and drowsy. These intervals, however, were only a few minutes at a time. The bowels were regularly open, but the stools were as unhealthy in colour as before. He was now ordered five grains of calomel and a ninth of a grain of opium every three hours.

5th.—Considerably easier; he had slept a good many hours in the night, and the symptoms altogether were more favourable. Persist in the same plan.

By the 9th he was much improved, and on that day the calomel was reduced to three grains for a dose; but, as the head appeared a little enlarged, half a grain of squills was added to each powder. He continued to go on well under this plan (the lotion to the head was regularly applied, and the blister kept open,) until the 12th, when I found that the disease had relapsed. The child was now as bad as ever; the head very hot; he had considerable stupor at times, while at others he was very irritable, screaming out violently. The bowels were much in the same state as before. Two leeches were applied to the temples; and five grains of

calomel, with a fourth of a grain of opium, were ordered to be taken every three hours : the lotion and blister continued.

On the 13th the symptoms were not quite so violent. About the 14th, the head appeared very heavy, and was evidently enlarged. This enlargement continued to increase for about a week ; but by the 24th the size of the head was much reduced, and the child was evidently better. During the interval from the 13th to the 24th, the same plan of treatment was pursued. The bowels in the mean time were open about once in the twenty-four hours on an average ; but as the cerebral disease gave way, the calomel began to act a good deal on the bowels, and to produce griping. The stools were all the time very green, which was probably owing, in a great measure, to the mercury. On the 24th I gave him the following powders :—

R Hydrarg. Submuriatis gr. v.

Sodæ Carbonatis gr. iij.

Cretæ Præparatæ gr. v.

Pulv. Opii gr.  $\frac{1}{3}$ . M.

Fiat pulvis 3tiâ quâque horâ sumendus.

By the 30th there was scarcely any thing but debility remaining. The meningeal symptoms had entirely disappeared ; but the bowels were a good deal disordered. The child was reduced almost to a skeleton.

The powders were now ordered to be given every six hours, instead of every three, and the blister was dressed with simple cerate. He had also the following mixture :—

R Conf. Aromaticæ 3ss.

Misturæ Cretæ 3x.

Spiritus Ætheris Nitrici 3j.

Tinct. Opii m iij. M.

Fiat mistura cujus capiat cochl. min. ij. ter die.

The above medicines were continued, but not quite regularly, until the 8th of January, 1825. The child was still very languid ; but the head appeared quite free from disease. The evaporating lotion, which consisted of vinegar and water, was still continued occasionally. I ordered him to have a little brandy and water now and then ; and, to guard against a relapse, he had three grains of calomel and a third of a grain of opium three times a day. He had also a cordial mixture with a little spirit of ammonia, to take a little occasionally. This plan was continued until the 16th, when the child was so well that he scarcely required any more medicine. A powder was, however, given him every night for a week longer.

By the middle of February he had gained flesh consi-

derably. In fact, he was quite well; his appetite was very ravenous, and his spine was much straighter than before the commencement of his illness.

Between the 26th of November, 1824, and January 19th, 1825, a space of seven weeks, this child took sixty-four scruples (more than two ounces and five drams) of calomel; yet it produced no inflammation or any apparent affection of the gums, nor did any unpleasant symptoms whatever, which could be attributed to the mercury, become manifest under its use. I shall offer no remarks here upon the plan of treatment pursued in this case, as the subject has been already discussed in an Essay published in the REPOSITORY. The reader will be allowed to form his own opinion respecting the propriety or impropriety of the means employed. The child perfectly recovered, although the attack was very violent. I have every reason to infer, from former cases, that this child would have died had it been treated simply upon the common plan of subduing inflammation. Soon after the mercury was reduced in quantity, the disease became aggravated; but a firm perseverance in its use again subdued, in a few days, the violence of the malady. This was the first case of *meningeal* inflammation where I combined opium with the calomel. Although it did great good in the present case, I am disposed to think, that it cannot be given in every instance with advantage, or even with safety, to young children. The quantity given at first was small, but it was gradually increased to a third of a grain every three hours (two grains and two-thirds in twenty-four hours).

This child continued perfectly well till the 19th of February. By that time he had gained both fat and strength considerably for so short a time. He had been a month without taking any medicine, except an aperient powder now and then; but it was the will of fate that he was now to be attacked for the last time. He was taken suddenly with a violent inflammation of the bronchiæ, for which every means likely to subdue the disease was tried, but without effect. He died in about six days from the commencement of the attack.

**MORBID APPEARANCES.** *Abdomen.* — The liver firmer than usual, and very full of blood; the pancreas particularly firm; all the other parts healthy: but it may be noticed, that about a dozen intussusceptions were found in the intestines, some to the extent of six inches or more; but these had evidently taken place at the time of dying, as they were easily drawn out, and the intestine appeared healthy. It may be also noticed, that the large intestine passed from the sigmoid flexure across the brim of the pelvis to the right

side, and the rectum descended on the right side of the bladder.

*Thorax.*—The pleuræ and substance of the lungs appeared healthy; but the lower parts of the air-passages were full of pus, and the lining of these passages was much inflamed. There was no adventitious membrane formed on its surface, as in case of croup, although a sufficient time had been allowed for its formation from the commencement of the disease till the death of the child.

*Head.*—As soon as the scalp was removed, we noticed an appearance which we had twice seen before—once very particularly. This was an inflammation of the external table of the cranium. In the present case, the inflammation was on each side of the frontal bone, immediately before the coronal suture. The bone was quite red, and so soft as to be easily shaved with the knife. The inflammation, or, at least, the redness, did not extend beyond the diploë. The pericranium was rather loose over the inflamed parts, but this membrane did not partake of the affection. Whether this affection was produced by the mercury, I am not ready to answer. I have seen it in one case where scarcely any mercury had been taken; but in several other cases, where calomel had been pretty freely given, no appearance of the kind was present. The child was apparently quite free from pain in the head before the attack of bronchitis came on, and had been for several weeks. The dura mater adhered very firmly to the bone all round. This membrane had no appearance of disease. There was no difference in its appearance in the parts corresponding with the inflamed portions of the skull from other parts. The arachnoid was considerably thickened, and was separated from the surface of the brain by a small quantity of serum. The vessels of the pia mater were rather full, but not particularly so. The ventricles contained scarcely any fluid. There was not above an ounce and a half of fluid in the brain altogether, and the principal part of this was between the arachnoid and pia mater, extending down along the spinal marrow.

I was assisted in the examination by my friend and partner, Mr. L'Estrange, who also witnessed the plan of treatment throughout.

Tottenham Court Road, March 2d, 1825.

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## V.

*On the Pathology of Vacciola.* By W. C. DENDY, Esq.,  
Surgeon to the Royal Infirmary for the Diseases of  
Children, &c.

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THAT the human mind is eminently prone to receive the impressions of novelty, must be evident to the most superficial observation. It is equally true, that first impressions are often followed by false conclusions, and that high degree of speculative anticipation that is seldom fulfilled by the result. In a direct ratio with the height to which these delusive dreams had raised the expectation, will be the disappointment consequent to the proof of their fallacy. In those instances where the mind has *privately* indulged in these unsubstantial fancies, the feelings of dissatisfaction at their dissolution into "airy nothing" must be confined within a very limited sphere, and may be dissipated by the restorative properties of a fit of the spleen, or by the more philosophical remedy of calm reflection. The world is neither improved nor deteriorated by the circumstance. When, however, the subject under consideration involves a question of *high national interest*, and one of vital importance to the mass of population, the utmost caution should be observed in the investigation of its nature and properties; and a judicious and consistent moderation, equally remote from timid concealment and high-flown eulogium, should accompany its introduction to public notice. I have no hesitation in affirming, that many a valuable remedy has been discarded from our materia medica — nay, has fallen into unmerited disgrace — owing to the injudicious vaunting of its admirers, who have celebrated it as a specific for one peculiar disease, or even as a panacea for all. These high-flown prophecies have not come to pass; and, because it was not proved good for all, it was voted good for nothing.

It is to be regretted that the preceding observations but too justly apply to the subject of vacciola, on the interesting pathology of which disease so much has been said and written, that all our present remarks must savour necessarily of plagiarism or tautology. It is, however, only by a repeated, and, withal, an unbiassed investigation of the progress and effect of vaccination, that we can hope to form a just estimate of its value. The Medical Profession has long since been sensible of its failure in fulfilling *all* the promises which its patriotic and enlightened discoverer and his immediate followers held out; and the philanthropist has undoubtedly cause to deplore that, under the most favourable

and apparently promising circumstances, it has forfeited its claim to the title bestowed on it in its infancy — “a complete preservation from the variolous contagion.” From this source has mainly emanated that scepticism, which, added to the interested efforts of mercenary variolists, has contracted the limits of that sphere to which its actual merits entitled it to extend.

It is not my purpose, on the present occasion, to argue the question of the identity of variola and varicella, (an opinion strongly advocated by Dr. Thomson in his *Treatise on the Varioloid Epidemic*). It is sufficient for me to know, that their resemblance is in many instances so striking, that so close an approximation has been observed in the appearances and character of the two diseases, under a mild attack of the former, or an aggravated form of the latter, that the most experienced pathologist may have found the greatest difficulty in coming to a decision on this matter. I have hence been led to suppose, that the occurrence of small-pox subsequent to vaccination may have been less frequent than some have imagined. Impressed with these sentiments, I have read with peculiar interest the remarks on vaccination by Dr. Shearman, in the Number of the *REPOSITORY* for February. It is always with a due degree of deference that I listen to the oral precepts of the *Abavatois* of the Profession, or that I peruse the recorded illustrations of their long experience. Holding in such estimation the general remarks contained in the essay of the learned author, I may, at the same time, venture to allude to particular statements, which, added to collateral information, or even in themselves, might induce a dissimilar conclusion. It is undoubtedly our duty to be convinced of the *complete* effect of vaccination on the constitution, and we cannot be too watchful of its progress; although it will not, I think, be doubted, that, in many cases, inspection on the tenth or eleventh day will be sufficient to assure us of the diffusion of the influence of the virus throughout the system, if we observe the hard inflammatory areola around the vesicle, and, especially, if a previous characteristic indisposition had occurred subsequent to vaccination. Let it not for a moment be thought, that I could advocate a superficial or negligent inspection of the signs of the disease. As I have reason to believe that the objections of some of its opponents have originated in a notion of the merely local character of the disease, it may not be irrelevant to present a case, which is principally interesting from the peculiar mode in which it evinces the constitutional nature and the diffusion of the influence of the vaccine virus.

Henry Freeman, twelve years of age, was vaccinated in



the left arm by the usual mode. The vesicle was marked by the appropriate progressive character of successful inoculation. It happened that on the same day on which he was vaccinated (five hours subsequent to that process), an incised wound was accidentally inflicted on his right knee; which wound, for two or three days, promised union by the first intention. On the fourth or fifth day, however, an increase of pain was felt in the knee, with throbbing and heat about the edges of the wound; and, on inspection, some slight papulæ, to the number of ten or thirteen, were observed surrounding it. These appearances were yet referred to a common cause. On the eighth day, their peculiar and regular form imparted a conviction that they were true vaccine vesicles, which they proved to be by their progress and maturation.

I am aware that a crop of vesicles has been produced in the immediate vicinity of the primary areola: it appears, however, in this case, that the production of what might be called healthy inflammation of a part became the excitant, in that part, of a specific disease, which, although generated in another and a remote part of the system, had become diffused through the constitution, and which, it is probable, would not have evinced itself otherwise than locally, had it not been for the additional stimulus of inflammatory action.

The intimate resemblance of variola and varicella, to which I have before alluded, has frequently induced me to suspend the formation of my diagnosis for a day or two. The lapse of five days, however, from the commencement of the eruption, was always accompanied by the dissipation of doubt. Three years ago, I had under my care two young gentlemen, who were seized with the usual precursory symptoms of mild small-pox, such as languor, pyrexia, cephalalgia, &c. In one of these patients the disease assumed so complete a confluent form, and the inflammatory fever attained such an aggravated height, that, had not the patient previously undergone the process of vaccination some years before, I should have pronounced it a case of small-pox. On the fourth or fifth day, however, the usual change on the surface of the vesicles took place, which, added to the comparatively milder form of the other case, left no doubt in my mind that the disease was varicella.

The arguments of Dr. Shearman against the notion of the identity of the two diseases appear to me most judicious, and founded on minute observation. I must also agree with him, that chicken-pox is generally aggravated by previous vaccination — that “varicella now appears with more of a varioloid character than formerly.” If these positions be

correct, it may become a question whether the two cases related by Dr. Shearman were not themselves instances of aggravated varicella; and the circumstance which has led me to entertain this idea is, that in the cases of variola subsequent to vaccination which have been presented to my notice, the principal diagnostic has been the *absence of secondary fever* (which comes on when the suppurative process is complete), while the stages of the eruption have been marked by the *usual periods of progression*, though, of course, of a much milder degree.

It is observed, that "the deaths which have taken place from small-pox after vaccination have certainly been extremely few;" but as, in those cases, the individuals were exposed to the casual small-pox under circumstances much more unfavourable to the reception of the disease than would have been the case had variolous inoculation been employed, these persons may, in one sense, be said to have fallen victims to vaccination. I am fearful that this has a tendency to mislead. It is true that deaths have ensued from a dependence on the process of vaccination; but these cases are infinitely fewer than those where death has been the consequence of variolous inoculation, even under the most favourable condition, and the most judicious treatment. It is surely, then, giving the patient a chance of escaping that disease, which, even if it do then occur, is to an excessive degree milder in its form than the small-pox communicated by inoculation without previous vaccination, and, in fact, marked by little, if any more severity, than small-pox communicated by inoculation subsequent to vaccination. I have to apologise for these objections; but, impressed as I am with the conviction that the *general* adoption of vaccination would lead to the complete extermination of small-pox, I have ventured to express those sentiments which observation has appeared to inculcate.

Great East Cheap, 1825.

## VI.

*Case of Erysipelas successfully Treated with the Oleum Terebinthinæ.* By HARRY COX, Esq., Member of the Royal College of Surgeons, and formerly Apothecary to the Royal Infirmary for Children.

JANE GUEST, aged twenty-one, was seized, January 22d, 1824, with rigors, accompanied with fits of hysteria, to which she was subject. On the fourth day of her ailment her scalp

had become red and swollen, and the tongue tumid and red : delirium and great restlessness afterwards supervened, and the erysipelatous inflammation extended over the face and neck to the sternum : the eyes were now completely shut, and the features so swollen and altered that she could not be recognised. From a state of restlessness and delirium, she passed, in the course of two or three days, into a state of coma and insensibility, attended with constant moaning and rolling of the head. The pulse, which was formerly full but easily compressed, now became excessively quick, and the tongue black and crusted. Her position in bed was now such as, when viewed in connexion with the other symptoms, led me to portend the worst result : she always rolled towards the foot of it, and her head generally fell over its side. The treatment which had hitherto been employed (that which is usually resorted to in similar cases) had failed to evacuate the bowels, or to procure the least amelioration of any of the symptoms. The condition of the patient was, on the 31st of January, the worst possible. The pulse could not be counted ; the patient had been insensible during five days, and was now profoundly comatose ; the integuments of the head were distended to the utmost ; and the tongue, teeth, and gums, were covered by a fuliginous coating. At this date I stated the case to Dr. Copland, as one for which there seemed to be no room for hope. He strongly advised me to exhibit the oil of turpentine in large doses, as he had experienced success from the use of this substance in several cases, which were characterised by symptoms similar to those that I have stated ; \* I therefore, according to this advice, prescribed as follows : —

R Olei Terebinthinæ ʒiv.

— Ricini ʒij.

Mellis ʒij. Misce.

Fiat electuarium statim capiendum.

R Olei Terebinthinæ ʒvj.

— Olivæ ʒj.

Aquæ ʒv. Misce.

Fiat injectio statim administranda.

February 1st. — The turpentine has procured several offensive evacuations. Pulse somewhat stronger, and not quite so quick. The coma is not so profound as before.

\* I was the more inclined to adopt implicitly this advice, as I had had many opportunities of witnessing the beneficial effects of the oleum terebinthinæ, in affections of the head, at the Royal Dispensary for Children, where Dr. Copland had introduced the frequent use of this remedy.

℞ Olei Terebinthinæ,  
 ——— Ricini, āā ℥iss. M.  
 Sumat, tertiis horis, partem quartam.

2d.—The patient could be roused. The mouth, teeth, and gums were cleaner, and the pulse 130, and fuller. The local symptoms were somewhat ameliorated. The oils have procured several bilious evacuations.

℞ Olei Terebinthinæ ℥iss.  
 ——— Ricini ℥iv.  
 Liquoris Potassæ ℥j.  
 Aquæ Cinnam. ℥iv. M.  
 Capiat partem quartam, quartis horis.

3d.—Much better. Pulse 120, and more natural as to strength. The tongue is beginning to become clean. The bowels have acted copiously, and much yellow bile has been voided. The patient now answers the questions put to her, and complains of great tenesmus from the medicine. The local symptoms have improved greatly.

℞ Infus. Rosarum ℥vj.  
 Magnes. Sulphatis ℥vj. M.  
 Sumat quartam partem, 4tis horis.

4th.—The inflammation of the scalp, face, and neck, has increased since yesterday; the other symptoms nearly the same as then.

℞ Olei Terebinth. ℥iss.  
 ——— Ricini ℥ss.  
 Liq. Potassæ ℥j.  
 Aquæ Cinnam. ℥iv. M.  
 Capiat partem quartam, 4tis horis.

5th.—The patient is much improved, and is perfectly sensible. She has had several bilious evacuations. The inflammation is much diminished, and the tongue is nearly clean. As fluctuation was felt in the scalp, a lancet was pushed into it, and a considerable quantity of pus evacuated.

℞ Liquor. Ammon. Acet. ℥ij.  
 Spirit. Æther. Nitrici ℥ij.  
 Aquæ Puræ ℥vj. M.  
 Capiat cochlear. ij. larga, quintis horis.

7th.—The patient continues to improve in every respect. The integuments of the neck were lanced, and much pus came away.

Pergat in usu medicamentorum.

After this period the patient advanced steadily in con—

valescence, but it was some time before she was able to go about. She regained, however, her strength much sooner than I expected at the commencement of her recovery.

Broadway, Ludgate Hill, 13th January, 1825.

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## PART II.

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### ANALYTICAL REVIEW.

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#### I.

*Researches, Physiological and Pathological; instituted principally with a View to the Improvement of Medical and Surgical Practice.* By JAMES BLUNDELL, M.D., Lecturer on Physiology, &c. London. Cox & Son. Pp. 146.

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THIS small work consists of three parts, the first containing experiments and observations upon different injuries of the abdomen, the importance of the organs contained within its cavity, and the advisableness of a bolder surgery in the treatment of its accidents and its maladies. The second paper is a reprint, in great part, from the *Medico-Chirurgical Transactions*, upon some disputed points in the physiology of generation; and the third is an extension of a paper also published in the same periodical work, upon the transfusion of blood. We proceed to lay before our readers the contents of each of these essays, with the observations which appear to us to be naturally elicited. The essay upon the surgery of the abdomen contains an account of twenty-nine experiments upon rabbits. We shall enumerate these separately.

In four rabbits the right kidney was abstracted. Two died within the first five days, of inflammation of the abdomen. Two lived between five and six weeks, of which one only was examined; and in this 'a sac was found in the seat of the extirpated kidney, formed by the peritoneum, and filled with a semi-fluid in colour and consistency like a custard; the cyst was not burst.'

From seven rabbits the spleen was extirpated. Four were of a spare habit, and three were full-grown bucks. Of the latter, two died of peritoneal inflammation: 'the third recovered for a time, and seemed likely to survive; but three months and a half after the operation, it died with a diffused peritonitis, and a large sac between the left portion of the

liver and stomach, as big as a large orange, and full of a fluid-like whey and custard mixt.'

Of the four smaller rabbits, one died of peritoneal inflammation; one pined away and died at the end of six months, with inflammation of the abdomen, and 'a cyst in the region of the spleen as large as the kidney of the animal, and full of a thin pus.' The remaining two recovered permanently. *Here, therefore, are eleven experiments made upon animals in health, and nine are fatal. None eventually recovered from whom the kidney had been removed, and two only of those from which the spleen had been abstracted.*

In five rabbits the abdominal cavity was opened in the course of the linea alba, and the *fundus vesicæ* punctured, the aperture being afterwards secured by a ligature. Three recovered completely, and two died, one fourteen days, and the other seventeen days after the operation. 'Both were a good deal emaciated, and there were no decisive marks of peritoneal inflammation.'

From two rabbits, at least one quarter of the bladder at the fundus was cut off, a ligature having been previously applied. One died seven months afterwards, full grown, and not obviously cachectic, with one of the purulent sacs above described, seated internally immediately over the abdominal wound. The second was alive, and large, fat, and healthy, at the period of publication.

In the peritoneum of four rabbits an ounce of human urine was thrown, left there for an hour, and then washed out. All suffered great collapse from the experiment. The first never recovered from this state; the second and third died of peritoneal inflammation; and the fourth was alive and well twelve months after the experiment.—Into the abdomen of seven rabbits the decoctum quercûs of the London Pharmacopœia was injected. Of these, one died in fifteen hours, with purging and a diffused peritonitis in the incipient state; 'five others died between twenty and thirty hours after the injection, apparently from the same cause, and one got completely well.' *Thus we have twenty-nine most severe experiments upon rabbits, twenty-one of which were fatal.*

To this part of Dr. Blundell's paper we have given more attention than in itself it appears to us to deserve, and we have done this for two reasons. First, because we fervently hope, that these experiments being more extensively known through our Journal than otherwise, perhaps, they would be, we may prevent their repetition; and, secondly, because we would ask Dr. Blundell, whether he himself does seriously think that any additional light has been thrown by them upon the physiology or pathology of the abdomen? It is



our especial desire to treat a gentleman of his acquirements with the greatest respect, nor can we have the most distant wish to lower his reputation as a teacher; but the very station he holds in this respect makes it necessary to guard against even the possible evils of his example, and should, we think, make himself particularly careful of encouraging the system of experimenting upon *living* animals. Before, however, proceeding with our remarks upon this subject, we will conclude our analysis of the paper.

After having related the experiments upon rabbits, Dr. Blundell has added a collection of severe injuries of the human abdomen, in which the results were favourable.

‘ Tapping, slight wounds in which the intestines are not laid open, hernial operations, with extirpation of small pieces of the omentum, and in Mr. Pott’s case of both the ovaries, in general confessedly do well.

‘ Of severer injuries of the abdomen, with their results, the following may be adduced, as having, with few exceptions, fallen under my own notice, or that of my friends, and as possessing an authenticity on which, where there is no observation to the contrary, I can thoroughly rely :—

‘ One case in which the mouth of the womb was torn off and came completely away ; large bleeding and collapse were produced, but the patient recovered.

‘ One case in which the child’s head, from defective formation of the external genitals, was forced into the rectum, and was born at the anus, occasioning three large rents, two laterally and one forward ; the woman recovered without any very pressing symptom.

‘ Four cases of thoracic inversion of the uterus, in which it was extirpated by ligature, at different ages.

‘ One case in which a fall from the top of a coach occasioned a transverse rent through the abdominal coverings, above the abdominal rings on the right side, four fingers broad at the least. The intestines hung out. The man recovered in a few weeks.

‘ *Two cases in which the human spleen was removed.*

‘ Three cases in which the dropsical ovary was rent, probably extensively, from external violence.

‘ Two cases in which an opening was made into the abdomen, with a view of extirpating the dropsical ovary. In one case the patient lived between eighty and ninety hours afterwards, without the occurrence of peritoneal inflammation, and died apparently from the cachexy produced by the dropsy, and for want of reaction in the system and the wound. In the second case the patient recovered without a bad symptom.

‘ A laceration of the womb, which was torn in front, the child escaping into the peritoneal sac. I brought this foetus away by turning; had my hand among the intestines and on the edge of the liver; felt the large arteries in the back of the abdomen, and grasped gently the empty and contracted womb. The child was

brought away dead. The woman recovered pretty completely in the course of four or five weeks, but has never been in a state of robust health since. A few months back (*i. e.* five or six years after the accident) I made a careful examination, when no traces of cicatrix were discoverable in the vagina, and the mouth of the womb felt perfectly sound and natural; so that there can, I think, be no doubt that the parts had been torn above.'

To these is added the successful case of the Cæsarian operation by Mr. Barlow; and thus it appears that Dr. Blundell has authentic information of successful terminations in twelve of the severest cases of injuries and operations upon the abdomen hitherto known. We hope we are correct when we understand our author to refer to these cases as genuine, within either his own knowledge, or that of friends upon whose authority he has the most perfect reliance; for otherwise it would evince a most blamable neglect of investigation into other testimonies. We may, however, add several other instances of remarkable recovery from injuries of the abdomen or its contents, which recur to our memory; and we know that the list might be very greatly extended, had we time and opportunity of referring to authorities.

Wiseman has long since recorded the fact of severe wounds being inflicted upon this cavity, in which the results were favourable, though he accounted for such results on the supposition that no important parts were injured within. Morgagni has mentioned many cases in which the fatal terminations were far removed; and Cheselden has left some extraordinary cases on record of the excision of a part of the intestines, with perfect recovery of the patients. The first of these was related to him upon the authority of Mr. Punt, a Surgeon of high repute, then residing at Cambridge. 'I was called,' he says, 'a few years since, to a poor woman with a mortification upon the abdomen. I cut away the mortified part, and found some of the small guts mortified. I cut off so much as could not be saved, and stitched the sound part of the gut to a sound part of the wound near the navel, to which it afterwards adhered, and she recovered and voided her excrement that way.' This 'mortification was made by laying hot bricks to her belly for the colic, some of which burnt; and when the slough cast off, a gut appearing, a female surgeon took it for a blister and clipped it, upon which the excrement came out of the wound, and then they sent for Mr. Punt.' Another case is related upon the authority of Dr. Russell, who saw the patient, and lived twelve years afterwards. The fourth case occurred in Mr. Cheselden's own practice. The patient, Margaret White, was in her seventy-third year, having had an umbilical

rupture for twenty-three years, 'when, after a fit of the colic, it mortified, and she being presently after taken with a vomiting, it burst. I went to her, and found her in this condition, with about six-and-twenty inches and a half of the gut hanging out mortified. I took away what was mortified, and left the end of the gut hanging out at the navel, to which it afterwards adhered, and she recovered.' Three years after this she was quite well. Dr. Blundell may perhaps call these slight injuries; but the next instance can be scarcely dismissed in this manner; and as the operation was performed upon one of the brute creation, it may perhaps be more convincing. The experiment was made upon an ox which was suffering under constipation of the bowels; and Thomas Brayer, 'a doctor for cattle,' 'opened the ox in the flank, and took out great part of his bowels, upon searching which he found there was a perfect stoppage in the guts, and the gut was about the stoppage putrified for about three quarters of a yard; whereupon this deponent cut off so much of the gut as was putrified, and took it quite away, and then drew the ends of the guts, which remained sound after what was cut off, together upon a hollow keck, which was about three or four inches long, and sewed the said ends of the guts together upon the said keck, leaving the keck within the guts, and then sewed up the hole cut in the hide upon the flank of the said ox; and this deponent further saith, that within the space of one hour after this operation was performed the ox dunged, and the piece of the keck which the said ends of the gut were sewn upon, came away from the ox with the dung, whereupon the ox recovered and lived to do the owner service several years.' To these may be added a case of remarkable recovery from a very extensive wound in the abdomen, related in the *Edinburgh Medical and Surgical Journal* for April 1809, by Mr. Hague, of Ripon. The wound was made by a pair of wool shears. 'The great arch of the stomach, and the whole of the intestinal canal (duodenum excepted) contained within the abdomen, protruded through the wound. The incision was on the left side of the body, commencing at about two inches below the scrobiculus cordis, and extending in a straight line near four inches in length, distant from the navel two inches.' The accident happened on the 30th of August, and on the 20th of November he is said to have 'been very well in every respect ever since his recovery; his appetite and digestion are both as good as formerly, and he is capable of enduring labour as well, and to as great a degree, as before the accident.' We would refer likewise our readers to a paper by Mr. Lizars in the same *Journal* for October 1824, which

contains some very instructive cases of extirpation of the ovarium, with a very candid recital of a most extraordinary mistake made by himself and some other medical men in Edinburgh, which, however, has added so important a fact to the records of surgery, that we, at least, can never regret that it has been made. We feel that this enumeration of examples of severe injuries and operations upon the contents of the abdomen and pelvis must be brought to a conclusion, on account of the small space which can be allotted to a single review. We must therefore content ourselves with mere references to the injuries of the uterus, its extirpation, &c., premising that these are very far from being all of which records exist. First, a case of rupture of the gravid uterus, with recovery, by Thomas Haden, Surgeon, in the second volume of the *Medical and Chirurgical Transactions*. A case by Mr. Kite, in his *Physiological and Medical Essays*, and in the *Transactions of the Medical Society of London*. A case by Dr. Frizel, with references to several others, all terminating favourably, in the *Transactions of the King and Queen's College of Physicians in Ireland*; and an example in which the Cæsarian operation was performed, the child having escaped into the abdomen through the laceration, in the *Journal Complémentaire du Dictionnaire des Sciences Médicales*, Decembre 1819, and an account of which is given in the second volume of the *Journal of Foreign Medicine*. We have also within our recollection an instance of excision of the uterus, but we have not been able to refer to it. This operation, however, has been performed several times;\* and we have heard, though unable to obtain an authentic account, that it has been lately done by an ignorant quack. We well know, however, of cases in which the same individual has inflicted very severe injury upon the uterus without fatal consequences. The great majority of these facts, be it remembered, were well known to the Profession, or, at least, stood in their records, before Dr. Blundell instituted his experiments; and to the consideration of these experiments we now return.

The deductions which Dr. Blundell has drawn from his experiments and observations, though multiplied by himself into six separate sections, are, in fact, comprehended in the two following, viz. :—

‘ That extensive divisions of the peritoneum are certainly not of

\* Dr. Ritzius, Physician to the King of Sweden, informed Dr. Blundell that, to his personal knowledge, the cancerous uterus had been removed five times but no particulars are given.

necessity fatal, whether by inflammation or otherwise, and *probably* not generally so.

‘ That the womb, spleen, and ovaries, may be taken away in the mode mentioned, certainly without, of necessity, destroying life, and, *presumptively*, without generally destroying it.’

And now we again ask Dr. Blundell, whether he seriously thinks that his experiments have given, upon these two propositions, any facts, or added any elucidations which were not equally well proved, and with more humanity, by observations upon the human subject? For the answer to this question, we would almost trust Dr. Blundell himself; as an English physiological inquirer, as a man of science, and as a gentleman, were himself the only person concerned, we do think we might safely have trusted him, and here we would have rested. But we know so well the ardour for knowledge, the zeal and praiseworthy anxiety to make themselves acquainted with every thing connected with the Profession, which many of the younger members feel, that we should condemn ourselves, as neglecting a most important part of our duty, did we not lay before our readers our sentiments upon the subject before us.

We have first to observe, that we deem the experiments of Dr. Blundell upon this occasion *most unjustifiable, because they were most unnecessary*. The facts which he himself had been able to collect, and these facts, observations upon man, are so striking, that considering the very short time required in their collection (between five and six years), they would, we are certain, be fully sufficient to have rendered at least doubtful the opinion (which our author asserts to be frequently operative in practice), ‘ that inflammation in a spot of the peritoneum will almost invariably diffuse itself over the greater part of it;’ but when these are added to the facts which we have given — when it is considered *that all together are but a very small part of those on record* (we state this most confidently) — when we have Dr. B.’s own statement *that twenty-one out of twenty-nine experiments made upon rabbits in perfect health were fatal* — it does appear to us impossible to justify the course our author has adopted. It may here be said that we are judging from the event; but, in truth, we are giving our author the advantage of this, because to this he has appealed. Had the results been more favourable — nay, we will go farther, had they been altogether successful in every instance, we cannot find any reason why they should have been instituted. Dr. Blundell had himself previously expressed his sentiments respecting the occasional propriety of a *bolder abdominal surgery*; he had therefore drawn this inference from former inquiries. If

these were made upon man, then the inference would be so much the stronger, because man, after all, is the subject to be benefited; if the inquiries were made upon animals, simultaneously, in experiments instituted for other purposes, then it would have been sufficient to have cited these, without subjecting other animals to unnecessary torture. We cannot, for a single instant, suppose Dr. Blundell to have been ignorant of the examples of severe injury to this cavity which we have quoted, and we must therefore accuse him of not having afforded them that attention which, as a teacher, it was his bounden duty to have done. And this will be still more manifest, when we inform our readers, that after all this unpleasing infliction of sufferings upon rabbits, combined with the few facts related respecting the human subject, our author is yet prepared to state no more than this, that ‘whilst the body of facts which have reference to abdominal injuries remains so small, it would, no doubt, be the extreme of rashness, on such authority, to recommend to practice any operation as yet untried, or of rare performance, *unless, indeed, in those cases in which they secure the only remaining chance of life.*’ There is, we confess, an appearance in this sentence of sacrificing to general opinion; but no one, at least no teacher, it may be presumed, would do this, unless the legitimate deduction from his own facts was completely in its favour. And if this is all that could be recommended after such a slaughter, we must say, that the same deduction is afforded by observations upon man himself. But farther, had the results with rabbits been otherwise, than with our knowledge of the fact, which is undeniable, that peritoneal inflammation is a most common consequence, in man, of injuries and operations of the abdomen, the direct, the positive inference must have been, that no analogy, or but a very weak analogy, exists, in this respect, between man and the inferior creation.

Hitherto we have allowed to Dr. Blundell, that he is accurate in his supposition that Surgeons are not sufficiently bold in their operations upon the abdomen; but even this last ground we must now take from him; and this we shall do, not by justifying, or rather attempting to justify, a timid practice, but by shewing, that even among British Surgeons there is little hesitation in opening this cavity when circumstances render it necessary; and more than this, the facts related by us, or similar facts, have been appealed to as a sufficient justification of such operations. For this purpose, however, it is only necessary for us again to refer to Mr. Lizars’s paper, and to the following sentence contained therein:—‘Convinced, from the history of the disease in



the records of medicine, and from gastrotomy having been successfully performed for volvulus, and from the Cæsarian section, *that there was little to apprehend either from loss of blood or peritoneal inflammation*, I felt desirous to relieve the woman by an operation.' British Surgeons,\* also, have not hesitated to operate for old herniæ, and which were not incarcerated; and they have only abstained on account of the dangerous and often fatal effects which ensued. Neither did Sir Astley Cooper evince any want of boldness in tying the aorta, but, determined to give his patient the only hope of safety, made an opening three inches in length into the cavity of the peritoneum to effect it. Dr. Blundell has himself related four cases of extirpation of the uterus; and Dr. M'Keever, of Dublin, made an incision through the peritoneum, in order to open an ovarian abscess. To this let us add our author's own language respecting 'the extirpation of the ovarian cyst in scirrhus, combined with dropsy or in simple dropsy. This operation will, I am persuaded, ultimately come into general use; and if the British Surgeons will not perform it, the French and American will;' and it does appear to us most conclusive, that, neither as regards surgery in general, nor British surgery in particular, has such timidity been evinced, as to have rendered his experiments either necessary or advisable. The operations referred to may not, it is true, have been commonly performed, nor so frequently as they would probably have been beneficial; but we do think, that Dr. Blundell would have served far better the interests of science, the cause of humanity, and the character of the Profession, by collecting all the facts heretofore recorded, than by making experiments which are not calculated to add, in the slightest degree, to our previous information.

Our observations upon this subject have been somewhat extended, but we must still trespass upon the patience of our readers a little longer. The duties of a medical journalist are, in our opinion, most important, nor ought any plea of personal interest to serve him for disregarding them. We should not hesitate, therefore, even did we apprehend the disapprobation of some members of the Profession, to express our dislike, our strongest condemnation, of painful experiments upon living animals in general. We do not mean to deny that they have occasionally been useful, and that many most important facts have been elicited from them; but we do mean to say, that very few persons are competent to make such experiments, and that fewer still are the circumstances under which they ought to

\* Laurence on Ruptures.

be made. The Medical Profession has for the last half century been gradually rising in estimation; it has become much more the resort of liberally educated and respectably connected individuals than formerly; and, except the folly or the viciousness of its members, nothing can impede its farther progress. It stands, so far as regards opportunity, we might almost say the necessity, of mental improvement, and of the knowledge of mankind—we mean not that degrading knowledge which Lord Bacon has entitled cunning—far before the other two professions, highly as they rank in public opinion. Shut out from the common intercourse of the world, the clerical profession has confessedly very little acquaintance with the habits of business, nor very much with the dispositions of men. The profession of the law, again, sees even the best men only under their worst tempers, and too frequently is called upon to advise the worst upon the best means of escaping the due punishment of their crimes. Nor does previous education very much enlarge the minds of either class. General science, the deductions that it affords, the free spirit of inquiry which it encourages, have no absolutely necessary connexion with either: the dull learning of the schools too often satisfies the one; the plodding search after precedents is too frequently the only pursuit of the other. But in medicine, the habits and the necessary acts of advancement in after-life advise, at least, to the cultivation of all that adorns and spiritualises the intellects; and the more than common obscurity of the functions, which it professes to superintend, urges its professors to profound investigations into all the hidden processes of animal nature: and here is no want of ground for the most ingenious minds to speculate upon innocently, and to give their intellectual faculties the most ample range. Mathematics, chemistry, metaphysics, anatomy, are all essential parts of a medical education; and, in practice, the perpetual converse with persons of all dispositions and every grade of original intelligence gives to medical men opportunities of mental acquisitions, which no other human occupation affords. Here, then, are inducements of the highest kind, hence may spring motives the most dignified, to persuade the members of so capable a profession to do nothing unworthy of its high destiny: and surely if they are thus actuated, they will never think it beneath them to discourage all unnecessary experiments upon living animals. Even when these are the best devised and the most probably conducive to human welfare, we know, from extensive observation, that the impression regarding the humanity of medical men is unfavourable; how much more, therefore, must this be the case,

when such experiments appear to have no other object than that of gratifying an idle curiosity! The public are unquestionably correct in their general inference; for the frequent repetition of such experiments is detrimental to humane feelings, and very much ought they, therefore, to be deprecated in a profession, the immediate object of which is to relieve the sufferings of humanity. And on this subject we are disposed to go still farther, and to assert, that there may be a sacrifice of good feeling, for which no knowledge, however great, no information, however extensive, can ever compensate. We are not quite certain that the experiment which Magendie performed, and which Mr. Martin related in the House of Commons, is not very nearly of this nature; for though not very frequently disposed to demand the *cui bono* of inquiries, yet we do think, that if such inquiries are necessarily accompanied with circumstances of cruelty, this question ought to be well understood.

We have thought it incumbent upon us thus to express boldly our opinions, both of Dr. B.'s experiments and the subject of painful experiments upon living animals generally. In doing this, we have been anxious to use none but the most courteous language towards that gentleman; we believe him to be an intelligent and an industrious physiologist, and have felt some disappointment that his industry and his intelligence should have been directed rather to the accumulation of facts new only in themselves, and not in their relations, than to the due consideration of those which were already collected. And we feared, also, that the station he holds as the principal, if not the only lecturer on physiology in London, might have an improper influence in encouraging experiments of the kind that we have been condemning: nor does this fear, when we look to the Parisian schools, appear without foundation, for there the physiologists seem determined to believe nothing but what themselves have observed.

Dr. Blundell has concluded this paper with recommending several operations 'to consideration merely, and not to practice, except in cases otherwise desperate.'

We shall mention these, but it is scarcely necessary for us to do more. The first is a proposition for—

'A division of the Fallopian tubes, and even the removal of a small piece of one of them, so as to render them completely impervious; a fit addition, apparently, to the Cæsarian operation, the danger of which it would scarcely increase.

'2. The extirpation of the healthy ovaries.

'3. The extirpation of the ovarian cyst in scirrhus, combined with dropsy, or in simple dropsy.

‘ 4. The removal of a large circular piece of the cyst in ovarian dropsy, when the sac itself cannot be extirpated.

‘ 5. The removal of the cancerous womb, when the ulceration first makes its appearance.

‘ 6. Extirpation of the puerperal uterus.’

Of these operations, the third and fourth are alone likely to be often practised; and of these sufficient experience has been had upon the human subject to justify their more frequent performance. The cancerous womb has been removed also several times, with success, upon the Continent, but the particulars have not yet been published. The other operations do not appear *very feasible*; and the first might, perhaps, be supplanted, with as little additional danger, and more certainty of producing sterility, by removal of the ovaries. This, however, involves a question which we shall consider more at large in our review of the next paper; and we conclude this article with unwillingly stating our opinion, that Dr. Blundell has not, by the publication of the paper we have been considering, contributed to the cause of medical science, in that manner which might well have been expected from his high, and, we doubt not, his deserved reputation as a teacher of physiology.

## II.

*A Practical Treatise on Hæmorrhoids or Piles, Strictures; and other important Diseases of the Rectum and Anus; being, with some Additions, a Treatise to which the Jacksonian Prize was adjudged by the Royal College of Surgeons.* By GEORGE CALVERT, Member of the Royal College of Surgeons of London, and of the Medico-Chirurgical Society, &c. London, 1824. Pp. xiii. 359.

A GREAT part of this work is devoted to the consideration of that common and very painful affection called piles. Some introductory pages serve for the discussion of the unimportant question of the acceptation of the term hæmorrhoids, and furnish an account of the definitions which have been given of the disease under consideration. Definitions are not applicable to diseases. They should only be used to settle the meaning of terms which are employed in the description of morbid phenomena—should be applied to things that are simple and readily understood, to insure agreement in the history and description of what is more complicated and multiform.

Piles are hard tumours appearing in the rectum or at the verge of the anus, in the first instance enveloped with mucous membrane, in the second with skin, of a cellular structure, the cells being occupied by serum, or by coagula of blood, which are sometimes simple, and sometimes consist of concentric layers. They have been confounded with varices of the veins of the rectum, and with a soft excrescence, almost pulpy, which grows from the mucous membrane of the rectum, when irritated by almost any cause, and which, therefore, often accompanies piles. They have also occasionally been confounded with a much firmer excrescence, said to have, and probably having, a venereal origin. The circumstance of all these affections having been mistaken for each other, and more particularly that of varices having been comprehended by most writers in their *definitions*, as they are called, of what they included of disease in the comprehensive term hæmorrhoids, has led to more difference of opinion respecting the nature and treatment of this simple affection, than it is probable would ever have arisen from any other cause.

Tumours consisting essentially of effused serum, or of coagulated blood, the envelopes of these effusions, being, indeed, sometimes actively inflamed, and sometimes thickened, are likely to have originated in a preternatural fulness of the blood-vessels in their neighbourhood; and any cause, therefore, which would occasion such a preternatural fulness, would probably be a remote cause of this affection. Some violence from exertion at stool, or some local irritation of a mechanical kind, is, however, we believe, commonly the immediate cause of the disease.

The occasional fulness, attended by itching and heat about the rectum, uneasiness in the back, the thighs, and the perineum, relieved sometimes by a discharge of blood from the bowels, and recurring in those who have long suffered from the disease, after nearly regular intervals of time, so gradually and almost imperceptibly makes its advances to the high degree of annoyance which it occasions, and is so seldom noticed by patients before we can also discover the existence of piles,—so completely, too, subsides in many instances after the removal of the tumours themselves has been effected,—that it is difficult to say whether we are confidently to believe that it is almost uniformly a forerunner or a consequence of the disease. Be that as it may, it claims our attention in practice, and when even in slight degree, may serve to warn us that all is not right.

Piles may occur by themselves, or may be accompanied

by varicose veins ; but we believe they much more frequently appear without than with this accompaniment.

Much research has been expended in attempts to determine the structure of these tumours, by dissection, in persons who had suffered from them when living ; and it is a little remarkable that dissection should not more completely satisfy inquirers. The dissections which we have performed of late have been chiefly of those tumours which we have cut from our living patients ; and the most careful examination of the wound made in their removal, of the tumours themselves, and of the parts near, both after and before their removal, convinces us of their nature being that which we describe.

If their nature be this — and Mr. Calvert, seconding Mr. Howship, goes far to confirm us in the belief, though the *post mortem* examinations of the former of these gentlemen contribute but little to that effect — then we cannot be satisfied, any more than Mr. Calvert, whose arguments on this point deserve the attention of Surgeons, that it is proper to abandon the operation of excision, because in a few rare examples, probably such as have been of a complicated nature, the operation has been attended with fatal consequences.

Mr. Abernethy continued for many years to excise these tumours without having ever met with any circumstance to deter him. It is probable that he distinguished with great care the cases suitable to the operation. An individual instance or two, however, of death occurring from the operation, when performed by an operator of first-rate eminence, and equally capable of discrimination, is said to have determined him to substitute, in all after cases, the use of the ligature for that of the knife. Yet the knife removes the tumour with less pain than is occasioned by the tightening of the ligature. The cure afterwards is accomplished in half, sometimes in a tenth of the time which the ligature requires. The danger of a fatal issue is almost equal, though, perhaps, rather greater in excision. Petit relates instances of dangerous symptoms arising, and of death occurring, notwithstanding the ligature being cut for their relief ; and Copeland describes most formidable symptoms as having been occasioned by ligature of piles. A few instances of fatal hæmorrhage from excision have unquestionably occurred.

The arguments in favour of the two modes of operation are not very unequal. We incline to cutting. In the present state of the question, at all events, we think any Surgeon is justified in employing whichever mode of operating he may think best in each case that presents ; and we are apt, in the



absence of instances which have baffled our judgment, to conceive that, on almost every occasion, all necessary means of estimating the probabilities of the result, as far as in operations they can be estimated, will be furnished by the observable circumstances.

As, with Mr. Calvert, we are disposed to think excision most generally the preferable operation, and therefore commonly practise it, so we perfectly accord with him in being convinced that there are cases in which the ligature is absolutely requisite, and others in which it may be employed with no risk. It is said to be especially requisite to exclude the fine skin about the anus from the grip of the ligature, because, with it included, excessive pain is apt to be occasioned.

If, after excision, hæmorrhage to any considerable extent should occur, what should be done? We cannot subscribe to the opinion of Mr. Cooper, expressed in his *Dictionary of Practical Surgery*, that 'if the bleeding prove troublesome, and proceed from vessels within the rectum, the best plan would be to distend the gut with a suitable piece of sponge, so as to make pressure on the wound.' If we wish to keep up the bleeding, we believe that we shall effectually do it by opening the wound with sponges and dressings. If not, we had better let the patient discharge the blood that is already in the bowel, congealed and distending it, exciting it to action, and this action continually renewing the hæmorrhage; and then administer a dose of opium so large as to quiet all irritation. The perpetual disturbance of the wound by renewed discharges of blood from the bowel is a principal cause of the *continuance* of hæmorrhage after operations for fistula and piles; and we have had experience of the utility of opium in checking the bleeding, by putting an end to this disturbance. Cold should be, at the same time, employed to produce contraction of the bleeding vessels.

Mr. Calvert affords us no information from his own experience, nor any of much importance from that of other Surgeons, on this head; indeed, he has too much neglected the subject of hæmorrhage. But, upon the whole, his observations upon piles are practically judicious.

Passing over an interesting chapter on strictures of the rectum, we shall make rather copious extracts from one which treats of contractions of the anus, and displays an acquaintance with the subject, and a readiness and justness of observation, highly creditable to the author's talents as a Surgeon. These extracts we may accompany with a few remarks; but it is not our intention to analyse the other chapters of the work, which, in succession, treat of prolapsus

ani, fistula, ulcers of the rectum, and excrescences about the anus and within the rectum.

A contracted state of the anus, 'like a similar affection of the rectum, may be connected with organic disease, or proceed from an undue contraction of the muscular fibres, by which it is encircled.'

'Sometimes the contraction is owing to a thickening and gradual disorganisation of the fine skin within the anus, extending from the external margin to the lower part of the rectum. The surface is rough, and partially ulcerated, with an unhealthy discharge; and, in some cases, the thickening of the skin is not only deep, but has almost a cartilaginous hardness. I have seen but few cases of this disease, and as they did not appear to yield either to internal remedies or to topical applications, I am inclined to think it is generally incurable. Many surgeons consider this form of contraction to be connected with syphilis, an opinion which, from various circumstances, I am inclined to admit, although it does not yield to any preparation of mercury.'

The following case illustrates some facts connected with the history of this complaint: —

'Mrs. —, aged forty-five, was, about four years ago, afflicted with an unpleasant sensation about the verge of the anus, which was increased on going to stool. As she had formerly been subject to piles, she was willing to attribute her present complaint to this cause, until the contracted state of the anus, from the progress, giving rise to a train of suffering, she applied to a surgeon at the west end of town, who, after inspection, gave it as his opinion that the disease was venereal; and as she had reason to suppose that she had some time before suffered in this respect from the irregularities of her husband, she submitted readily to undergo a course of mercury, which was proposed for the cure of it. During the influence of this remedy some cutaneous eruptions, and other symptoms of a suspicious nature, entirely disappeared, but little or no change for the better occurred with respect to the disease itself, whilst the contraction it occasioned appeared, if any thing, rather progressive. About six months after this, I saw her for the first time. She then complained of suffering from severe pain and difficulty when at stool; that her evacuations were numerous, but scanty, irregular, or rather of a ragged appearance on the surface, when there was no purging, and generally smeared with a bloody matter. On examination, I found that the margin and inner membrane of the anus were converted into a hard, extremely irregular, and partially ulcerated excrescence, which extended upwards, and terminated immediately above the upper part of the internal sphincter muscle, where the intestine had a defined and cartilaginous hardness. The act of introducing the finger caused considerable pain, in consequence of the narrowness and extreme irregularity of the passage; and a slight discharge of blood followed.

'As her general health was tolerably good, it would have been

useless, under these circumstances, to employ the bougie; and although, from the history of the case, there was reason to suppose that the change of structure was connected with a venereal taint, yet, as the use of mercury had been previously pushed to a considerable extent, it did not appear advisable, nor was she willing, to have recourse again to the same remedy. I therefore gave her some general directions respecting her diet, prescribed moderate doses of castor-oil, so as to soften the excrement, and produce a sufficient discharge from the bowels to prevent any accumulation from taking place, and introduced daily a small tent of lint, smeared with mercurial ointment. Under this treatment the complaint appeared to improve, at least the contraction did not increase; the matter, which adhered to the tent, put on a more healthy aspect, and the evacuations, without causing so much pain, were less frequent, and more abundant. These circumstances, together with a corresponding improvement in the strength and appetite of the patient, induced me to speak more decidedly respecting the successful termination of the complaint than the subsequent experience on this, and two or three other cases of a similar nature, would have authorised. The improvement was only temporary; for, after some time, the disease began to extend more into the rectum; the passage became gradually so narrow and irregular, that it was very difficult to introduce even the smallest-sized tent, as well as painful to the patient, and the extreme torture she endured from a motion deterred her from taking solid food of any description. By degrees, however, the abdomen became tumid; she lost all inclination for food, every thing was rejected by the stomach, and, after suffering for a considerable time, she died, apparently from exhaustion.

‘The fatal termination of this case may be attributed more to the difficulty with which parts that are exposed to frequent motion, and unavoidable causes of irritation, regain their healthy state, when the change of structure has proceeded to a certain extent, than to any specific action; although this may have given rise to the disease at the commencement. I have seen three other examples of diseased structure, very similar to the preceding; two of these occurred in prostitutes, and, I believe, they eventually proved fatal. The subject of the third case was a middle-aged man, who appeared to have been but imperfectly cured of the venereal disease. The change of structure was chiefly confined to the margin of the anus, when the influence of mercurial preparations, and other means of relief, were first adopted, and he recovered in less than two months.’—Pp. 197—201.

Omitting a long quotation from M. Delpech on the subject of syphilis of the rectum and anus, we proceed with Mr. Calvert’s own observations on contractions of this latter part, from whatever cause arising:—

‘In many cases of contracted anus, there is merely a thickening and consolidation of the fine skin of this part, and of the adjacent

cellular membrane, without any disposition either to spasm or to specific structural disease. This at first does not occasion much inconvenience, except during a dry and constipated state of the bowels, when some degree of pain and difficulty is felt in passing a hardened motion; more, perhaps, in consequence of the parts about the orifice of the gut not being so susceptible of dilating as usual, than from any absolute contraction. If the complaint continue for some time, it is usually followed by a slight degree of prolapsus ani, the necessary consequence of the straining at stool, by which the inner membrane is gorged with blood, and, being elongated, is forced down, whilst the fibres of the sphincter muscles, being continually excited, as if some foreign body were accidentally lodged in the same part, by degrees become morbidly contracted, and add very considerably to the straitness of the passage.

‘ This form of contraction is, in general, the immediate consequence of chronic inflammation, or of long-continued irritation, arising from a variety of causes, and is very often found in those persons who are subject to hæmorrhoids. The inconvenience it occasions is, as I have stated, very trifling; but, if no means whatever are used to remedy the evil, it may increase. Fissures, in that case, are often formed from the cracking of the skin during an evacuation; or the excoriation, arising from the same cause, may degenerate into foul ulcers or excrescences; for the mechanical action of the fæces, and the degree of motion incompatible with the functions of the part, interfere very materially with the process of cicatrisation, and, when the constitution is not in a good state, often prevent it altogether.

‘ Sometimes we find the anus morbidly contracted, without any material change of structure, any thickening or induration, at least at the commencement of the complaint; the contraction arising solely from the state of the sphincter muscles, the fibres of which being over-distended, or ruptured by the passing of hardened fæces, become sensibly contracted in consequence, and are painful when any attempt is made to distend them.’—Pp. 204—206.

Mr. C. observes, that this state may be mistaken for organic stricture; and the relief afforded by a purgative, or the temporary use of a bougie, leads to an erroneous opinion that dilatation in stricture of this part is easily effected, which appears by no means to be the fact. Among the mischievous effects of postponing the evacuation of the bowels by inattention to the calls of nature, which sedentary and engaged persons are apt to do, this affection is one that is painful, and may lay the foundation of more permanent disease.

‘ Occasionally the orifice of the rectum, in consequence of inflammation, becomes rigidly contracted, and coagulable lymph being thrown out upon its surface, becomes organised, and is drawn out into shreds, by which the passage is almost completely obliterated. The commencement of the complaint is marked by severe pain, particularly when at stool, with almost continued and distressing

tenesmus; but sometimes it is of a more chronic nature. Sometimes, from the same cause, or from spasm, the immediate consequence of metastasis, there is a continued contraction, as in the cases recorded by Hoffman, G. C. Schmidt, and other writers, the muscular fibres of the anus and rectum being chiefly affected, whilst, on other occasions, there has been little contraction, but considerable derangement in consequence of the thickening, and from effusion of lymph over the inner membrane. In this state of the parts, fatal obstruction, either from the formation of adhesions, or muscular contraction, may take place within a short time; and whenever obstruction in the bowels has been preceded by tenesmus and pain in the rectum, this should be examined before any purgative remedies are exhibited.'—Pp. 208, 209.

'But by far the most severe state of contracted anus, so far, at least, as relates to the extreme pain with which it is accompanied, is that which proceeds from a spasmodic action of the sphincter muscles.'—P. 210.

'In the few cases which I have seen of this complaint, unconnected with hæmorrhoids, it appeared to have commenced with some degree of smarting pain, and feeling of resistance at the orifice of the gut during an evacuation. After some time the difficulty of voiding the fæces became much worse, and every motion was succeeded by a violent and almost insufferable pain about the anus and lower part of the rectum, particularly if the bowels were at all constipated. On examination, the stools were found exceedingly small, flattened, and, instead of being forced out perpendicularly, appeared to have taken a curved or spiral direction. The state of the fæces, however, was not always uniform, even in the same case, inasmuch as they were sometimes considerably larger than they had been previously, whilst, on other occasions, they were as fine as the smallest tape: in the former case they were often emitted with a degree of rapidity and violence, but, in the latter, very slowly, and with great exertion. These circumstances, in conjunction with others, shew the difference between this form of contraction and that of organic stricture, in which the evacuations are always nearly of equal size, and similar figure; unless when the disease is situate high up in the rectum, and the contraction is very great, when, as it has been previously noticed, the excrement being passed in scanty portions through the contraction, does not stimulate the gut to contract upon it, until it has accumulated.'—Pp. 211, 212.

The pain commonly comes on after a motion, sometimes is occasioned even by the disengagement of wind, or even by passions of the mind, and is very severe. Occasionally it is periodical, returning daily, independently of the discharge of fæces.

'The degree of contraction is not always in proportion to the suffering of the patient; but when in this complaint the sphincters are rigidly contracted, intense pain is almost the necessary conse-

quence of any thing that irritates the anus, or produces dilatation suddenly. If in this state the finger be introduced within the anus, the external sphincter muscle is found to encircle the orifice like a thick unyielding ring; and higher up the parietes of the gut feel more than usually firm and solid, when pressed against by the point of the finger, from a similar development and contraction of the muscular fibres of the internal sphincter; whilst in some cases, where there is much vascular excitement, the contraction has been found to extend along the whole of the rectum.'—Pp. 213, 214.

Several writers appear to have noticed this complaint, among whom Dr. Baillie, Mr. Copeland, Richerand, and Boyer, are quoted by our author. Mr. Calvert does not agree in opinion with those who conceive that a predisposition to this affection exists in some individuals from the preternatural size of the sphincter muscle.

'Although this complaint sometimes occurs without any evident cause, and in persons who are apparently in good health; yet, from what I have seen of it myself, and from what has been related by others, I am inclined to think, that in the generality of cases it is the immediate consequence of local irritation from fissure, hæmorrhoidal tumours, and similar causes, or of violence from overdistension in the passing of indurated fæces, particularly when combined with a low and irritable state of the constitution. On the other hand, when the paroxysms of pain and spasm occur periodically, without the intervention of the above circumstances, and the inner membrane of the anus, as well as the adjacent parts, are free from disease, the complaint can only be considered as depending upon the state of the general health, favoured by a peculiar predisposition, or perhaps by original malformation.

'Sometimes it is consequent to, or sympathetic of, diseased action higher up in the gut; and hence it is very often found combined with the different forms of stricture of the rectum. I have also known a person suffer severely from this cause during the inflammatory stage of gonorrhœa, and experience immediate relief when the irritation abated in consequence of a discharge of blood from the urethra.'—Pp. 220, 221.

The treatment of this affection varies according to the cause or the nature of the contraction. In cases of contracted anus with thickening and induration, the effects of inflammation, leeches and fomentations, and securing a proper state of the bowels, are the essential means. If hæmorrhoids are found, they must be removed by an operation. Fissures require great cleanliness, local dressings of solution of sulphate of copper or zinc, or of nitrate of silver, applied by means of lint: mild ointments and the bougie complete the cure of the induration and contraction when these complications have been removed. That species of contraction which has been above described as probably venereal, is difficult



of cure. Mr. Calvert thinks, if it has proceeded to a certain extent, there is but little hope of success in its treatment. Mercury, unassisted, appears quite inadequate as a remedy. The same topical means as are recommended in the other species of the disease are also advised in this. We are not satisfied, however, that in most cases it is right to conclude that mercury will be ineffectual because it has been previously employed without benefit by some other Practitioner. All Practitioners do not administer this remedy in the same manner; and unquestionably, when administered after due preparation of the system for its introduction, it is efficacious in removing several symptoms, which it has, by some persons, been said to aggravate, because they used it under unfavourable circumstances, which circumstances might have been changed, by suitable measures, prior to its introduction.

‘ With regard to the mode of treatment in cases of spasmodic contraction of the sphincter muscles, it is very uncertain in the result, unless when it is evidently connected with inflammation: nothing that is decidedly advantageous and generally applicable can be gleaned from past experience; and amongst the very few who have noticed this complaint a considerable difference of opinion still exists. As it is frequently connected with fissures of the inner membrane of the anus, it has been supposed by some practitioners that these are the cause, whilst others have considered them to be a consequence of the contraction, and have been influenced accordingly with regard to the means of cure most likely to be attended with success. Professor Boyer, who has written particularly on this subject, seems at first to have adopted the former of these opinions; and conceiving that relief might be afforded by dividing the sphincter muscles, he made trial of this plan in several cases, in all of which, it is stated, the patients were radically cured.

‘ The following is the manner in which the professor recommends the operation to be performed:—The patient is placed upon the table, as in operating for fistula in ano: the fore-finger of the left hand, anointed with cerate, is passed into the rectum. A bistoury is then introduced along the finger, the point of the instrument being directed to the right or left, according to the situation of the fissure; and with one incision the membranes of the gut, the sphincter muscles, cellular tissue, and external skin, are to be divided. When the fissure is situate in a direction opposite to the preceding, it is not included in the division. After the operation, a large bougie is to be introduced, plugs of lint with compresses applied, and the whole secured with the common bandage.

‘ With respect to this operation, I have merely to remark, that although a very severe mode of cure, yet such are often the sufferings of the patient in the cases for which it is proposed, that when all other means have failed, it cannot reasonably be objected to, if there are sufficient grounds for supposing that it will be attended with success; but as I believe that this complaint is sometimes connected

with the general health, and in one instance have seen this severe operation performed with little or no relief to the patient, I am very much disposed to doubt the propriety of it in many cases, and to suppose that it will not be found so generally efficacious as the fortunate experience of Professor Boyer may lead many to believe.'—Pp. 226—228.

'Various internal remedies and topical applications have been employed in this complaint, but in general without any advantage.' What has succeeded in one instance fails in another.

Mr. C. is of opinion that this complaint, occurring in persons of irritable habit, may in many instances 'be considered a species of *tic douloureux*;' and consistently recommends carbonate of iron in large doses, and sulphate of quinine, in those cases in which there is no appearance of inflammation. This opinion is confessedly very conjectural, and perhaps might as well not have been broached, as it is avowedly not founded on experience.

In very extreme cases of contraction, attended by abdominal distension, vomiting, cold sweats, &c., the division of the sphincter without loss of time is advised; and a case, in which immediate relief followed the operation, was witnessed by our author. Another case of this kind of contraction was relieved by the use of a local cold bath. The bougie appears to be of no use here. As this affection is often connected with stricture of the rectum, proper examination, to determine the presence or absence of such stricture, is highly requisite.

We take leave of Mr. Calvert by observing, that his work, though incomplete as a treatise on the subjects of which he writes, contains enough of useful matter to entitle it to a careful perusal.

## PART III.

### ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND  
SURGICAL SCIENCE AND LITERATURE.

#### I.

*On Œsophagotomy, and a New Method of performing it.* By  
ANDRÉ VACCA BERLINGHIERI, Professor of Clinical Surgery in  
the Imperial and Royal University of Pisa, &c. &c.

[*With a Plate.*]

THIS important memoir commences with some remarks on the singular historical circumstance of some of the great operations in

surgery having preceded that degree of anatomical knowledge by which alone we should imagine, from reasoning only, they could have been guided or encouraged: and the author seems somewhat disposed to believe, although there is no evidence of it, that such knowledge was, in fact, pre-existent to such bold and apparently fearless undertakings; but that the knowledge was afterwards lost, though the practical effects remained. A more simple explanation seems to be, that the very ignorance of anatomy, in which the ancient Surgeons were, was the cause of their boldness. They did not fear dangers, of the existence of which they were altogether ignorant. If there was irritation in the bladder, they cut freely into the bladder without any apprehension of those evil consequences which, in the course of their practice, must however soon have been revealed to them. At all events, to argue against what we know, from what we do not, though a natural effect of the 'reasoning pride' which would gladly account for every thing, is an unprofitable and an unsafe habit; not only unlikely to lead to useful results, but very likely to lead us directly into error.

The operation of *œsophagotomy* is one of those with which the ancients were unacquainted; and must have been first attempted in circumstances of pressing danger presented to an ardent and courageous Practitioner, thoroughly acquainted with anatomy. At the same time it is an operation which Professor Vacca thinks might have been the means of saving many lives, if Practitioners had not been deterred from it by unreasonable fears. Before giving a description of a new method of operating, which this eminent Surgeon hopes will avert several of the dangers of it, he gives a succinct account of the opinions and practice of preceding Surgeons.

Verdus appears to have been the first to recommend the operation. Since Guattani, nothing important has been added to our knowledge of it, his views having been adopted by Bertrandi, B. Belt, Richter, Monteggia, Rossi, S. Cooper, and Leveillé, and also, though less decidedly, by Sabatier, Callisen, C. Bell, Richerand, and Jourdan; all of whom, however, allow that the danger of the attempt consists, not in making a simple incision into the *œsophagus*, but in the risk of wounding important parts in the neighbourhood. 'If we examine the question,' says Vacca, 'in an anatomical point of view, we shall be still more convinced that the incision into the *œsophagus* is not at all of a serious nature; this passage being simply composed of a muscular membrane, a mucous membrane, follicles of the same description, few nerves, unimportant sanguineous and lymphatic vessels; so that Surgeons seldom attempt a great operation where the knife has to be introduced into a less delicate and less complicated structure.'

Experiments made on animals, and accidental wounds of the *œsophagus*, have in several instances, and, as it seems, without exception, proved the truth of this. One of these must, at first sight, have had so much the aspect of being 'the mere despair of surgery,' that we are tempted to quote it.

'Poncenard relates the following case:—Some robbers attacked

a man in a wood, and cut his throat: the trachea was completely divided, the upper part of the œsophagus was almost entirely cut through, the posterior portion only remaining entire: the sterno-hyoid muscles, one of the sterno-mastoid muscles, the external jugulars, and some other vessels, were also quite cut through, so that this enormous wound penetrated to the vertebræ, and was ten fingers' breadth in length. The head of the wounded man was so strongly thrown backwards, that the divided extremities of the trachea were separated full five fingers' breadth. The lips of the wound were very tumid, and covered with foam. This wound was cured on the twenty-first day.'—*Mém. de l'Ac. de Chir.* tom. 1.

Vacca mentions three cases in which foreign bodies were extracted from the œsophagus by an operation: two of them are quoted from the *Mém. de l'Acad. de Chirurgie*, tom. 3, and have been already laid before the English reader: the third is quoted from Richter, in which a man had a tobacco-pipe thrust by the mouth into the œsophagus; a portion of it was felt externally, under the skin of the middle and lateral portion of the neck. An incision was made, and the pipe was successfully extracted.

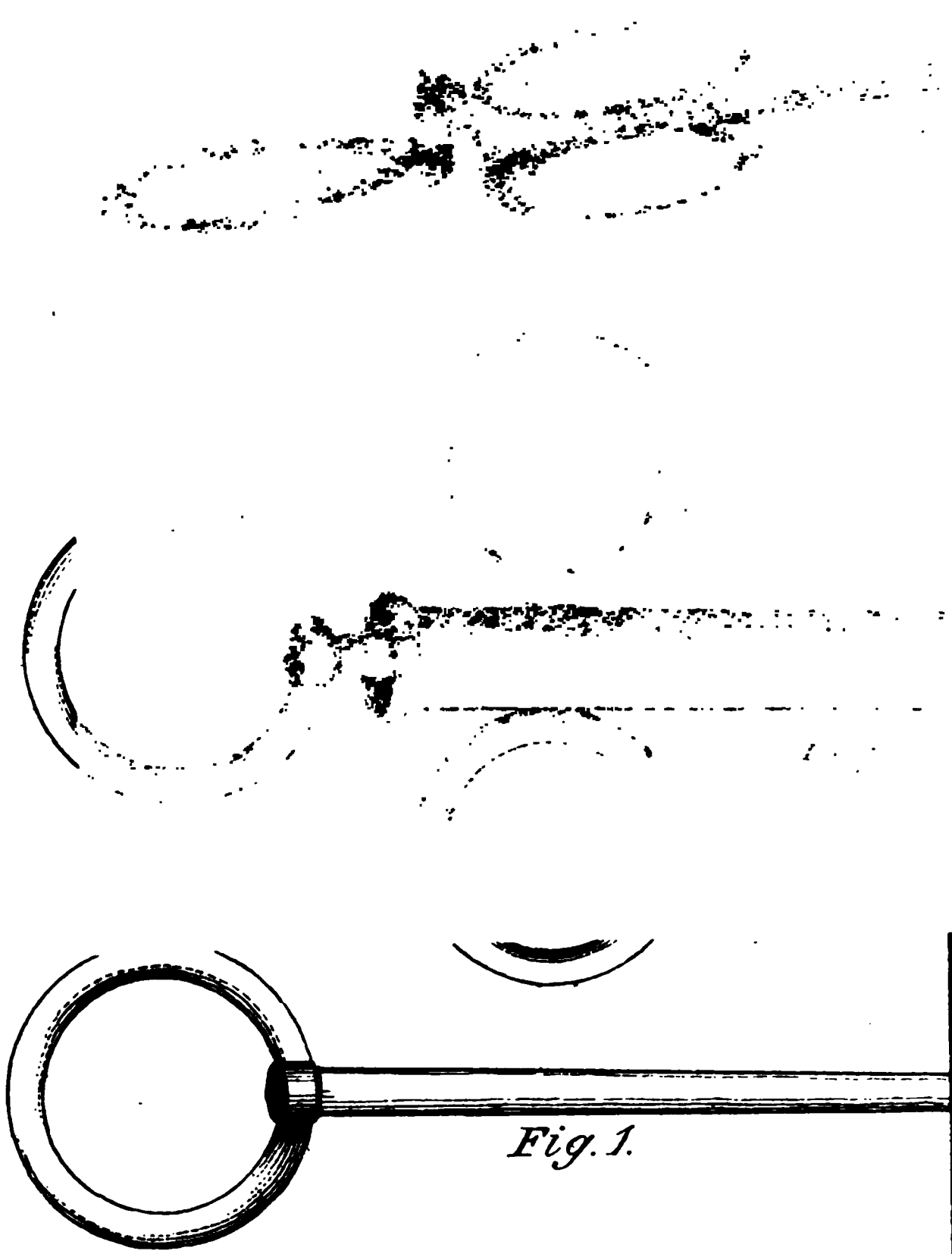
'It is sufficiently proved, therefore, both by reasoning and by facts, that a wound which follows the direction of the fibres of the œsophagus, and corresponds in such a manner with the parts external to it as to render the extravasation of fluids into the neighbouring parts impossible; a wound which is unaccompanied with any lesion of the carotids, the jugulars, the eighth pair, the great sympathetic, or the recurrent nerve, cannot be looked upon as very serious or as dangerous.'

Several examples are adduced by the author to shew the dangers attendant on foreign bodies immovably fixed in the œsophagus; as, that given by M. Larrey, in his work on Egypt, of inflammation and tetanus, nearly fatal to the patient, produced by a fish-bone; a case from Littre, in which fatal abscess was produced by the same cause; that of Drusus, related by Suetonius, who died from a pea being retained in the passage; a case from Guattani, in which a man died from a chesnut being similarly seated, after suffering nineteen days; with several other instances of a like kind; to which, however, are added many in which no inconvenience arose from the foreign body until it had passed the œsophagus, and one or two in which the only inconvenience was felt in the rectum: these cases, as having no bearing upon the question of such actual danger to the œsophagus as makes an operation particularly desirable, only add uselessly to the length of a paper, which was perhaps almost too long without them.

The preliminaries being settled,—1st, of the safety of a longitudinal incision into the œsophagus; and, 2d, of the danger of allowing foreign bodies to remain in it;—the thing desired is, an easy method of making the required incision, without risk of injuring the parts circumjacent.

'The new process which I have to submit to my surgical brethren, is to be accomplished in the following manner:—





*Fig. 1.*

*PROFESSOR VA*



‘ We must have in readiness a common straight bistoury; pincers for the ligature of vessels, a grooved sound (which will probably not be made any use of), threads for tying the arteries, sponges, blunt hooks, and pincers for the extraction of the body which may have fallen into the œsophagus. To these instruments is to be added that figured in the plate. This instrument, to which, on account of its faculty of displacing the œsophagus, one of my friends, who is a distinguished *Hellenist*, has given the name of *Ectopesophage*, (from the verb *εκτοπιω*, to displace,) is formed of two pieces, a canula, and a mandrin. The canula may be of silver, or some other metal, and is thirteen or fourteen inches long, and a little larger than a full-sized urethra-bougie: one extremity is open, and the other a cul-de-sac: on the sides of the open extremity are two rings, each capable of admitting one of the Surgeon’s fingers: the canula is slightly curved, so as to present a convex and a concave surface. On the side of the instrument which is towards the left hand of the patient when its concavity is turned towards the Surgeon, its upper end being open, there is a large cleft, or opening, commencing only a line above the cul-de-sac, and extending very nearly half way up the canula, following its axis. The size of this opening is proportioned to the thickness of the part of the mandrin which is to pass through it.

‘ The other part of the instrument (which it will be more convenient to call mandrin à ressort) is made of a piece of steel, furnished at one end with a ring like those on the canula, and from this end to the middle having nothing remarkable in it, but dividing from the middle, all the way down to the lower extremity, into two equal halves, the extreme end forming a body of an olive shape, composed of two half olives. These two parts have a strong tendency to separate, and are only united into a whole by such a force being applied as overcomes this separating force. The mandrin has not precisely the same curve as the canula, but a curve a little more distinct, which, however, does not prevent the mandrin, which is elastic, from passing into the canula, and penetrating from its open extremity into the cul-de-sac.

‘ The instrument is mounted by introducing the olive-shaped end of the mandrin into the canula, holding it together with the fingers, and then pushing it on till it reaches the bottom of the cul-de-sac, the escape of the left portion by the opening being prevented by the finger as it passes down. This being done, it will be easily understood, that if the Surgeon introduces his index and middle finger into the rings of the canula, and holds it steadily, whilst at the same time he introduces his thumb into the ring of the mandrin and pulls it towards him, the point of the latter will quit the cul-de-sac, and the olive-shaped end not being confined on the left side, in consequence of the opening, will be divided, one half leaving the other and passing out of the canula. This half of the mandrin will not only be carried to the left side, so as to leave a space of near an inch between it and the canula, but, on account of its curve

being, as has been mentioned, a little more decided than that of the canula, will come nearly an inch forwards.

‘ If the canula be held fixed, and the ring of the mandrin still drawn towards us with the other hand, the olive-shaped extremity re-enters the tube and becomes sheathed.

‘ As circumstances may render it necessary for the Surgeon to operate on the right side as well as the left, it is proper to be provided with two of these instruments; one of them having the opening on the right side of the canula: but it would not be difficult to construct one which would serve for both sides; in which case there should be an opening both on the right and left side of the canula, and there should be two mandrins, one with the left olive-shaped extremity sufficiently large to prevent its escape, and the other with a similar arrangement on the right side.

‘ The patient being placed in the position described by Guattani, that is to say, seated in a chair, an assistant is to place his hands on the patient’s forehead and support his head, inclining it a little backward and to the right side; a second assistant is to hold the patient’s hands; whilst a third assists the Surgeon, wiping the wound, holding it dilated with the hook or the finger, and putting ligatures on the arteries, if there are any to be tied. Every thing being thus prepared, the Surgeon is to make a transverse fold of the integuments he intends to divide, in order that the division may be made more conveniently, and at one stroke. On account of the situation of the œsophagus, the wound, unless in particular circumstances, is to be made on the left side, its superior angle being on a level with the superior border of the thyroid cartilage, and its inferior angle two inches below it, following the inner border of the larynx and trachea. When the integuments and platysma myoides are divided, the instrument is to be introduced by the mouth to the necessary depth, so that the closed extremity may reach nearly as low as the inferior angle of the incision. The introduction will not be attended with difficulty; but to render it easy, and to avoid any danger of passing it into the larynx, the end of it may be pressed against the posterior part of the pharynx, whilst the Surgeon employs his other hand in drawing the larynx towards him. When the instrument has reached the proper depth, it is to be held in such a manner that the lower end of it may be directed a little to the left; in which case, when the operator withdraws the mandrin just so far as to disengage it from the cul-de-sac, and no farther, so that the spring separates, a tumor will be formed on the left side of the neck, precisely under the incision. The finger employed to withdraw the mandrin is also applied to push it back until its ring touches the border of the open extremity of the canula. An assistant is then to be charged with retaining the instrument in the same position. The Surgeon is now to divide the cellular tissue over the tumid part which has thus been formed, until he lays bare the œsophagus; drawing away, with the finger or blunt hooks, the sterno-mastoid on one side and the sterno-hyoid on the other, from

the central part of the incision; when the omo-hyoid will readily be discovered traversing the wound obliquely, nearly in the middle. The integrity of this muscle somewhat embarrasses the operation, and it is easily divided, either raising it with the fingers or employing the grooved sound, or even without taking these precautions. The coat of the oesophagus will now become visible to the extent of more than an inch, distended and separated by the instrument.

‘ The oesophagus is thus drawn out of its natural situation behind the larynx and trachea, at the point corresponding with the external incision; the anterior coat, in particular, is brought to a distance from the vertebral column, and consequently from the large vessels and deep-seated venous trunks, and pushed to the surface of the neck, where it forms a projection. In these circumstances, it is very easy to make an incision into the canal of the oesophagus, because it presents itself to the eye and to the knife of the Surgeon altogether disengaged and free from those parts of which any injury is so justly dreaded.

‘ The incision into the oesophagus should be made precisely in that part of the canal comprised between the diverging portion of the mandrin and the canula, following the direction of the longitudinal fibres: it should commence below in the space where the two parts of the instrument are most separated, two lines above the situation of the olive-shaped end of the mandrin. This precaution prevents the possibility of the instrument passing across the incision, and leaves us the power of enlarging the wound if necessary, as well as of introducing the fingers, the hooks, &c. In making his incision, the Surgeon is not, as has generally been directed, to carry the bistoury along and near the inner border of the trachea, but, on the contrary, and as has been already mentioned, to keep equidistant from the mandrin and from the canula, in order to avoid injuring the recurrent nerve, which passes into the larynx on the inner side. The opposite precept, which has been given by all preceding authors, had for its object the avoidance of the danger of wounding the jugular vein, the carotid artery, the eighth pair of nerves, or the great sympathetic, which danger does not exist now that the oesophagus is, as we have seen, carried far away from these parts.

‘ Having made a longitudinal incision into the oesophagus of an inch or more in extent, according to the size of the body to be extracted, a small blunt hook is to be introduced into it to retain it open, and to hold it in the position given to it by the instrument, which is now to be withdrawn by the mouth, the spring being previously drawn up into the canula: the foreign body is then to be extracted with the finger and the pincers, and the operation is thus concluded.’

After the operation, union is to be attempted by closing the edges of the incision: the longitudinal fibres of the oesophagus not being cut, are not widely separated: a slight extension of the neck may be advantageous by extending the oesophagus. Vacca recommends the absolute abstinence of the patient from food for forty or forty-eight hours. Nutritive enemata may be given, if required; and in

particular circumstances it is necessary to allow the patient to take a little jelly, or broth, or the yolks of eggs in broth or water, or small quantities of milk.

In the course of the arguments and examples brought forward by the author to shew the superiority of an operation to all attempts at extraction, it does not appear that he has noticed the ingenious and completely successful attempt made by Mr. Liston to extract a double fish-hook (of all things one would suppose the most likely to be extracted with difficulty) from the œsophagus of a boy in Edinburgh in 1819: and the result of which would doubtless lead most Surgeons to make even somewhat industrious, rather than 'slight' attempts at extraction, before proceeding to perform an operation.

Vacca denies the propriety of abstaining from an operation so long as the respiration and deglutition are not materially impeded, since foreign bodies in the œsophagus may cause death from irritation, inflammation, abscess, or gangrene, without being primarily productive of such impediment; or the substances may be passed on to the stomach and intestinal canal, and then be fatal. In order to avoid, on one hand, an unnecessary operation, and on the other the fault of performing an operation too late, it is necessary to reflect attentively on the nature of the foreign body, and on the symptoms indicative of the point where it is fixed.

'If,' observes the author, 'the substance swallowed was a large piece of the blade of a knife, or a large piece of sharp and rugged glass, or a piece of arsenic or corrosive sublimate, or any other substance dangerous for its chemical or physical properties; even if there were no particular additional circumstances in the case, I should have recourse to œsophagotomy without waiting an instant. If, on the contrary, the substance swallowed was a pin, a portion of a nail, a small piece of glass or not very sharp bone, as so commonly happens without serious consequences; and if no inconvenience was excited in the œsophagus or trachea, and, above all, if every thing led me to believe the substance rested in the part of the œsophagus within the thorax, I should defer the operation, though not until serious accidents should arise, at least until they were threatened.'

The whole of the memoir, of which we have thus endeavoured to give a condensed and clear account to our readers, is written with much spirit and animation, and merits the perusal of every Surgeon. By the method of operating recommended so much at length in it, we admit that the incision into the cavity of the œsophagus is rendered very practicable; there is little danger of wounding the superior or inferior thyroid arteries, if their arrangement is not unusual; and scarcely any of injuring the carotid, the jugular vein, the eighth pair, or the nervus recurrens; whilst a case may be generally *created* thus in which a tumor is presented to the Surgeon's eye, in the exact part where an incision may be made with safety; and the operation is made as easy on the right side as the left, for the removal of substances fixed lower in the œsophagus than the neck. Against these advantages, and the reasons chiefly founded there-

upon for the more frequent practice of œsophagotomy, are to be weighed, the difficulty of moving the demi-oval end of the spring in the manner directed to produce dilatation, when it comes to press against the yielding sides of the œsophagus, and the difficulty of preventing the edges of the wound slipping over it; (although Vacca thinks this last inconvenience impossible.) It is also questionable whether the instrument could be retained sufficiently long in the œsophagus to be of service, particularly in the state of more than usual irritability caused by a previous accident; and the instrument could not be of any service whatever if the irritating cause was seated high up in the passage. We do not learn from the memoir that it has yet been tried; but as most new inventions are open to the same objection, and as a good workman could easily construct an instrument so simple as that in question, we should be sorry to say a word which might prevent its being resorted to in cases attended with danger, particularly after prudent and patient attempts at simple extraction.

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*Explanation of the Plate of Professor Vacca's  
Œsophagus-dilator.*

1. Front view of the spring stilet (or mandrin), out of the canula.
  2. Front view of the canula containing the stilet, the left portion of which has passed out of the opening.
  3. The same, seen laterally.
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II.

*Tableau des Maladies observées à l'Hôtel-Dieu, dans les Salles de Clinique de M. le Professeur RÉCAMIER, pendant le quatrième trimestre de 1824. Par L. MARTINET.*

*Report of the Diseases observed at the Hôtel-Dieu, in the Clinical Wards of Professor RÉCAMIER, during the last quarter of 1824. By L. MARTINET.\**

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‘Two cases of pleurisy were promptly relieved by bleeding, and cupping-glasses applied to the thorax. In two other patients the disease was followed by effusion into the cavity of the pleura, and in one of them puncturing became necessary. This was performed by means of a very fine trocar; the great advantage of which is, that it does not allow the admission of air into the chest. The patient was sensibly relieved; but a second and more abundant collection of sero-purulent fluid having taken place, the repetition of the operation was considered indispensable; and attempts were made to favour the absorption by frequent emetics and a large blister on the side: in this manner the patient felt some amendment, the lungs again became permeable to air in the upper por-

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\* Upon referring to the concluding part of M. Bayle's Report (see *REPOSITORY*, No. XIV. p. 146, and No. XV. p. 236), we find nothing sufficiently interesting to place before our readers: we have, therefore, substituted in the room of it the more interesting parts of the Report by M. Martinet.—ED.

tion, a better sound was returned on percussion, and the thorax under the clavicle became flatter: but, about a month after the second operation, a new effusion having taken place, the operation was necessarily performed a third time: this was done three weeks ago, and the present state of the patient affords a hope of his speedy recovery.

‘ Of three cases of phthisis admitted this *trimestre*, one was a case of phthisis laryngea, in which there was nothing remarkable: the other two cases were fatal, and the existence of numerous excavations in different parts of the lungs, which had been discovered by auscultation, was confirmed by dissection.

‘ A young man, aged twenty-two, who was admitted with symptoms of catarrhal fever, was attacked whilst in the hospital with considerable dyspnoea; with this peculiarity, that during inspiration, which was hurried and easily performed, there was a sudden depression of the larynx, which was slowly raised during the prolonged and extremely difficult expiration: the chest was sonorous in every part; a distinctly sibilous rattle was perceived by auscultation; and the expectoration was copious, mucous, and opaque. Notwithstanding the application of leeches, cupping-glasses, and a blister to the chest, and the employment of opium, ammoniacal soap liniment, kermes, ether of digitalis, and ipecacuanha, the patient died about the twelfth day after this attack of asthma, to which M. Récamier gave the appellation of expiratory or diaphragmatic. Inspection after death did not explain the symptoms. The bronchi were merely a little red; the lungs were not emphysematous: there were some circumscribed injections about the great curvature of the stomach, and the rest of the intestinal canal was healthy.

‘ Of seven cases of catarrhal fever, all admitted when the patients were in a state of stupor, and with every severe symptom, such as dryness and blackness of the mouth, delirium, rapid pulse, pungent heat of skin, all proved fatal, excepting one in which tepid affusion was employed, after which the mouth became moist, the stupor diminished, the skin lost its heat and dryness, and the patient gradually recovered. The following were the appearances on examination after death of the other six:—In one of them, who was only thirty-six hours in the hospital, having been removed thither in a moribund state, there were aphthæ in the large intestines, and particularly in the cœcum; and the left lung was completely hepatised; but what particularly attracted the attention of Professor Récamier was the lividity of the neck and abdomen, although the patient had not been dead more than thirty-six hours: besides which, the heart was softened and pale-coloured, and contained sulphurated hydrogen gas. This circumstance, and the other altered appearances, inclined M. Récamier to consider the fever as of a malignant kind, (*compliquée d'un état ataxique*), since enteritis and pneumonia, however severe, are not followed by such rapid decomposition.’ Another of these patients had been in a convalescent state during more than twenty days, in the course of which



time several abscesses had formed without preventing the recovery of his strength; an ulcer on the sacrum, which had followed an eschar formed during the intensity of the fever, was on the point of cicatrising; and in eight days at the farthest the patient would have been able to leave the hospital; when a scarlatinous eruption appeared, attended with pricking pain of the eyes, and he died in twelve days. The body being opened, the following appearances presented themselves, exhibiting the process followed by nature in the cure of intestinal aphthæ. In the cœcum and ileum there were many ulcerations, of the size of a piece of ten sous; cicatrisation was considerably advanced in these, and was effected by adhesions with the muscular membrane: the edges of the ulcers were blackened and depressed, and the neighbouring portions of mucous membrane were healthy, and without the smallest thickening. The other parts of the intestinal canal, the lungs, heart, and brain, were in the natural state. Ulcerations were also found in the ileum and cœcum of a patient who died of the same disease when at its height, but their circumference offered no traces of inflammation or sanguineous injection; on which account M. Récamier looked upon them as left by the falling off of eschars.

‘ The cases of chronic enteritis and of dysentery presented nothing remarkable: the latter, however, gave M. Récamier an opportunity of delivering his opinions on that disorder. According to this Professor, the cause of dysentery is to be found in the altered state of the fluids accumulated in the digestive canal; namely, of the bile, the intestinal mucus, and the pancreatic juice; whilst inflammation of the mucous membrane, far from being primary in this affection, is only secondary, and the result of the irritation produced by these different fluids, the action of which becomes truly drastic. In fact, before there is any degree of fever, the pain is communicated to the rectum, and there are sometimes excoriations about the anus; the same thing happening here which takes place with respect to the cheeks and nostrils in particular ophthalmies and in coryza, when the cutaneous inflammation is the evident result of the altered secretions of the conjunctiva and the mucous membrane of the nose. If, moreover, we attend to the symptoms which mark the commencement of dysentery, we shall find the pain beginning in the colon and not in the rectum, where, indeed, it only becomes fixed at a later period; and that the tenesmus is attributable to the passage of fluids over the latter portion of the intestinal canal. When death takes place early, or is occasioned suddenly by any other cause, no vestiges of inflammation are found in the intestinal canal, but merely acrid fluids, the contact of which alone is sometimes productive of erysipelatous inflammation: a fact which the Professor has also frequently observed in cholera.

‘ Several patients affected with nervous colic have been successfully treated with narcotics: among the rest, one who had suffered pain in the epigastric and umbilical regions for more than six months, and had only experienced temporary relief from leeches, was completely relieved by the extract of hyoscyamus, the oxide of

zinc, and the powder of valerian: ten grains of each were given in the twenty-four hours.

‘ A young woman had for many years had a tumor in the right hypochondrium, extending as far as the linea alba, and projecting externally: it was of a round shape, hard, immovable, and not painful on pressure. M. Récamier, having perceived a fluctuation, considered it as depending on an encysted dropsy of the liver, and determined to puncture it: he therefore introduced a fine trocar into the most depending part of it, which allowed the escape of an aqueous and limpid fluid. The operation was completely successful; all the inconveniences arising from the abdominal tumor disappeared, and the patient left the hospital perfectly cured. The analysis of the fluid presents a remarkable fact, as it contained neither albumen, gelatine, nor mucus, whilst an ingredient resembling osmazome was found in it. We give the particulars of the analysis, as likely to add to our knowledge of the composition of animal fluids.

- ‘ 1. Sulphur.
- ‘ 2. A large portion of muriate of soda.
- ‘ 3. A little muriate of ammonia.
- ‘ 4. Animal matter, wholly soluble in alcohol, of an aromatic odour, absorbing moisture from the atmosphere, and analogous to osmazome.
- ‘ 5. A very small portion of muriate of potash.
- ‘ 6. Traces of phosphate of lime.
- ‘ 7. Traces of subcarbonate of soda.
- ‘ 8. A little fatty matter.

‘ Rheumatic affections have been very frequent; and have, for the most part, been combated by acupuncture, with the following results:—Two women, affected with chronic pains seated in the hairy scalp, did not derive any benefit: the needles remained inserted about half an hour, and were only applied once. A man affected with sciatica experienced very notable relief: three needles were introduced into the ischiadic region, avoiding the sciatic nerve: the needles passed in more than two inches, and remained twenty minutes. In another patient, the introduction of the needles was attended with much pain, and productive of no relief, although they remained in near an hour. In a woman, long affected with pain in the epigastrium, no relief ensued from the introduction of a needle into the abdominal parietes, immediately over the painful part. A patient who complained of pleurodyné was sensibly relieved by the operation. Two recent cases of lumbago were cured, each by a single puncture in the part affected. A neuralgic pain of the arm and shoulder was almost entirely assuaged, and permanently, by the application of three needles to the shoulder. Lastly, two women, who had been more than a year afflicted with excessive pains in the loins, in the uterus, and in the groins, derived great benefit from the introduction of a needle into the sides of the vagina.

‘ It is to be observed, that the remedy was not employed with sufficient perseverance to make the results here given a criterion of its value. When the patients were not benefited they did not

come back : and even in some cases where there was some advantage gained, the means were not persisted in ; nor were the needles left long enough in the parts to produce a sensible effect. At the same time, these cases are sufficient to shew that this method may become useful ; and that, if it does not always succeed, it is at least never dangerous.'

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## PART IV.

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### MONTHLY COLLECTION

OF

### MEDICAL FACTS AND OBSERVATIONS.

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#### PHYSIOLOGY.

*Of the Mode of Action of the Pneumo-gastric Nerves, in the production of the Phenomena of Digestion.* By MM. BRESCHET, et H. MILNE EDWARDS.—(*Archives Générales*, Fev. 1825.)

THESE physiologists have published an interesting memoir on this subject : and its interest is not the less that it shews, by well-conducted comparative experiments, the justness of the deductions already drawn by *rational* physiologists, from the experiments which were previously made on the subject ; and evinces the correctness of the inferences deduced by them as to the relations of the galvanic influence with nervous and vital actions.

Our limits admit not of the insertion of more of this memoir than the conclusions which MM. Breschet and Edwards have drawn, with apparent accuracy, from the comparative experiments made by them.

‘ 1st. That the division of the nerves of the eighth pair considerably retards the transformation of the aliments into chyme, without arresting it.

‘ 2d. That this retardation of the digestive process depends upon deficient action of the muscular fibres of the stomach.

‘ 3d. That the vomitings which often follow the section of these nerves are owing to paralysis of the muscular fibres of the œsophagus.

‘ 4th. That the re-establishment of the digestive process, after the division of these nerves, by means of electricity or galvanism, depends not upon the chemical action of this agent, but is owing to its exciting the movements of the muscular coats of the stomach necessary to the renewal of the surface of the alimentary bolus, and to the placing successively all the parts composing it in contact with the parietes of this viscus.

‘ 5th. That, by means of a mechanical irritation of the inferior

extremity of the divided nerve, similar effects to those produced by galvanism are occasioned, but somewhat less marked.

‘ 6th. Finally, that the chief function of the pneumogastric nerves, considered only as forming a part of the digestive apparatus, is to preside over the movements of the stomach — movements which accelerate digestion, by facilitating the contact of the gastric juice with the different parts of the alimentary bolus.’

*Case in which the Functions of the Organs of Sense of one Side of the Head were lost from Disease of the Nervus Trigemini.*

By M. SERRES, &c.

To Mr. C. Bell we are indebted for having first investigated the functions of the different parts of the fifth pair of nerves, by means of dissections of living animals. M. Magendie followed his example, and divided the trigeminal nerves in situations nearer the cerebrum. The following case, recorded by M. Serres, confirms the inferences which these experiments seem to warrant : —

A young man, an epileptic patient in the hospital *La Pitié*, died, on the 12th of August last, after having been under the care of M. Serres for ten or eleven months. When he was admitted into the hospital, he complained, in addition to his epileptic seizures, of slight inflammation of the right eye. The inflammation increased, the cornea became opaque, and sight, at first disordered, was ultimately lost in it. The other senses of the right side became also successively paralysed. This took place in June 1824. The eye, eyelid, nostril, and one half of the tongue, of the right side, were deprived of sensation, whilst these parts possessed it perfectly on the left. Shortly after, the disease was aggravated by a scorbutic affection, which manifested itself on the right side of both maxillæ, but the teeth were made bare, by the affection of the gums, only on the right side. Finally, at the advanced stage of the disease, complete deafness, on the same side, took place, during the first days of August.

On the 7th of this month, M. Serres detailed these facts to the Philomathic Society; and stated that, in his opinion, a morbid state of the trigeminal nerve existed either in the ganglion or towards its insertion.

The body was inspected on the 13th by MM. Magendie, Serres, Lisfranc, Georget, and several students, when there were found — 1st, a morbid condition of the ganglion of the trigeminal nerve of the right side: this ganglion was swollen, of a yellow colour, and less vascular than usual; 2d, in the situation where the nerve is inserted in the sides of the annular protuberance, this nerve was observed to be changed into a yellow gelatinous matter, like the ganglion. This matter transmitted small processes into the substance of the protuberance, in the course of the fasciculi of the insertion of the nerve. It is also remarkable that the muscular branches of the affected side were unaltered, and that the action of mastication had never been disturbed. — *Bullet. de la Soc. Philomath. de Paris, Août 1824.*

PATHOLOGY.

*On Veinous Hæmorrhage of the Liver, supervening in consequence of Ulcerative Hepatitis.* By P. RAYER, Physician to the Central Bureau of the Hospitals, Paris.

[*Archives Générales*, Fev. 1825.]

In a Memoir on this subject, M. Rayer has detailed the following very interesting case, which we shall place before our readers, shorn of the unnecessary details with which he has encumbered it:—

‘ Madame P——, aged fifty-six, of a sanguineo-lymphatic temperament, mother of six children, reached her fiftieth year without experiencing any other ailment than an habitual leucorrhœa and obstinate constipation, which continued sometimes as long as fifteen days, owing, as was supposed, to a sedentary life. The critical period presented the usual phenomena; but after a few months she experienced a better state of health than before; still the constipation was always obstinate, the digestion slow, and the abdomen occasionally distended. The occasional application of leeches, diluting beverages, baths, &c., had a beneficial effect. According to her custom, Madame P—— went to pass part of the summer in the country, with the recommendation of continuing the regimen most proper for preventing the accession of inflammation of the digestive organs. A person, called on account of other matters, was consulted by her when she was in the country. A slight mucous coating of the tongue, and a fugitive suborbital pain, seemed sufficiently to indicate the propriety of employing an emetic: it was administered, and followed by a purgative. From this time her mouth became dry, her tongue red at the point and margins, and the abdomen distended and costive. Madame P. returned to Paris with all the symptoms of acute gastro-enteritis grafted on chronic irritation of the digestive organs. Leeches to the epigastrium, gum-water sweetened by the syrup of gooseberries, poultices, emollient demi-lavements, and warm-baths, had considerably ameliorated her condition, when, during the early days of December last, an error in diet was followed by an exasperation of the disease: pain supervened around the umbilicus and in the situation of the kidneys, and was followed by stools, which relieved it. Mucous vomitings took place during three or four days, at night; and her complexion assumed a slight yellow tinge. It was at this period—the 12th December, 1824—that I was first called to her. The account which I have now given was furnished me by M. Leblond, who was in the habit of attending this lady.

‘ The redness of the tongue, and the white pellicles which covered, here and there, its surface, confirmed me in the opinion that there existed gastro-enteritis. I could not suspect any other lesions in the abdomen, Madame P. assuring me that she neither felt nor formerly experienced any pain in the hypochondria, or in the umbilical and epigastric regions. Pressure was made, also, on the different parts of the abdomen, and she affirmed that she felt

pain only in the epigastric region. She had had neither icterus nor retention of urine.

‘ In consequence of this consultation, leeches were again applied on the epigastrium, and the patient was restricted to gum-water. I saw Madame P. on the 14th, after the application of the leeches. She appeared better: thirst was less; the mouth less dry and less coated; and we entertained greater hopes of her ultimate recovery. Eight or ten leeches were applied to the anus eight days afterwards; and on the second day after this she was equally well. However, after having used a hip-bath, Madame P. was seized suddenly with a violent attack of colic as soon as she returned to bed. To the colic succeeded syncope, and abundant alvine evacuations, consisting of black clots floating in a sanguineous fluid. The upper part of the body became cold; the countenance covered with a cold perspiration; her sight obscured: the pulse could not be felt; the abdominal pains were continual, and extended to the uterus and to the lower extremities, with the sensation of a burning pain in the thighs: the anxiety at the præcordium was extreme. Her sufferings terminated in death at the end of two hours.

‘ *Inspectio cadaveris* was performed twenty-four hours after death, in the presence of MM. Hamel, Rayer, Leblond, Guersent, &c. &c.

‘ There was no effusion in the cavity of the peritoneum, which was also not inflamed. The omentum was natural, as was the position of the small and large intestines. The stomach seemed, externally, voluminous and distended: its pyloric extremity adhered to the liver. The colon likewise adhered, at its surface, where an angle is formed by its ascending and transverse portions, to the corresponding margin of the liver.

“ The stomach having been opened, we found in its cavity an enormous clot of blood of a very dark colour. The weight of this coagulum was above a pound. There was also a considerable quantity of bloody serum in the cavity of this viscus. Its mucous membrane presented several transparent, *emphysematous*, prominences. This sub-mucous emphysema was independent of putrefaction, of which there was not a trace. The mucous surface itself was red and *inflamed*, the vessels being injected with blood. In general, the redness was of a rose-colour: in the points where it was darker, the mucous surface was softened, and could be readily detached, in the form of a thick bloody mucus.

‘ The duodenum presented a very remarkable disposition. It adhered anteriorly to the inferior surface and the anterior margin of the liver, at the part generally occupied by the gall-bladder. The whole thickness of the parietes of this intestine was destroyed, to a limited extent, in the place of this adhesion. The perforation thus occasioned, which was from six to eight lines in diameter, communicated with an ulcerated excavation in the inferior aspect of the right lobe of the liver; an ulceration which had destroyed the gall-bladder, of which we could not find a trace. A fibrous clot was found in this perforation of the duodenum. There were also in the



cavity of this intestine some small clots of blood, and a certain quantity of bloody mucus. The mucous membrane of the duodenum was of a lively red, which ablution did not remove. It presented, otherwise, an inflammatory injection of its vessels. All the membranes of the duodenum were thickened and indurated around the perforation. The jejunum and ilium also contained coagula and bloody serum, and likewise presented traces of inflammation, chiefly in the valvulæ conniventes. The large intestines also contained fibrous concretions and bloody mucus, and chiefly the transverse part of the colon, which part, near where it forms an angle with the ascending portion, and where it adhered to the corresponding part of the liver, was *perforated*, and communicated with the ulcer of the liver. The margin of this perforation, which was about a line and a half in diameter, was smooth, and rounded like those of an old fistula. The mucous surface of these intestines was much less inflamed than that of the small: redness was only observable on the valvulæ.

‘ In order to examine the parts more minutely, the liver, &c. were removed from the body, and examined at its inferior surface. We then remarked — 1st, that this viscus was somewhat smaller than in the healthy state; 2d, that the ulcerated excavation, which was about three inches in diameter, was situated at the inferior surface of the right lobe, in the part corresponding to the situation of the gall-bladder, which was destroyed, and to the commencement of the duodenum. In the middle part of the surface of this excavation was found an adipoceros biliary calculus, granulated externally, and about eight lines in diameter. This calculus was unattached, and might have passed into the duodenum, if the dimensions of the perforation had been greater. This excavation contained likewise some fibrous coagula similar to those found in the stomach and intestines.

‘ The surface of the ulcerated excavation, having been washed and sponged, appeared to us unequal, of a greyish-brown colour, and covered, at least at some parts, by a pseudo membrane, analogous to those sometimes observed in ulcerated excavations of the lungs. It presented several openings, of which two were of considerable size, and communicated with *two branches of the vena portæ*. The trunk of this vein and its ramifications were devoid of blood. The hepatic veins, the inferior cava, and the renal veins, were all empty and collapsed. The texture of the liver was hardened around the parietes of the ulceration. The pancreas was fatty; and the mesentery contained a large quantity of fat. All the other abdominal organs were natural, and those in the thorax were sound.’

This dissection satisfactorily shewed that the hæmorrhage proceeded from the destruction of two branches of the vena portæ, and that the blood found its way into the stomach and large intestines through the ulcerated perforations in the duodenum and transverse colon. M. Rayer conceives that the large calculus found in the ulcerated cavity had several years previously occasioned inflamma-

tion of the gall-bladder and adhesion of it to the duodenum ; that this inflammation had extended to the liver, and terminated in ulceration of the part of it already described, in the destruction of the gall-bladder, and in the perforations and the gastro-intestinal phlogoses.

Having detailed, in a manner sufficiently prolix and circumstantial, the particulars of this case, M. Rayer has next adduced other cases nearly resembling it, from the writings of former pathologists.

J. FRANK records a case of veinous hæmorrhage from the liver into the stomach. This latter viscus was adherent to the former, which was deeply ulcerated in the situation of the adhesion. Ulceration had also destroyed and perforated the coats of the stomach in the same situation ; and the blood which had escaped from the corroded veins of the liver had passed through the perforation into the stomach ; giving rise, for some time before the patient's death, to hæmatemesis and sanguineous diarrhœa.—*Reports of the Clinical Institution at Wilna for 1808.*

A patient, aged seventy, was seized with vomitings of a black and fetid matter. The small lobe of the liver was putrid and excavated. The stomach was adherent to this organ and perforated. 'Hence the origin of the black matter vomited up.'—*Latour, Histoire Philos. et Méd. des Hémorrhagies*, tom. i. p. 153.

A jurisconsult consulted Vesalius, who considered that he laboured under some obstruction in the vicinity of the liver. Two days afterwards he was seized with syncope, &c., and died in the course of two hours. The greater part of the blood in the body was found, on dissection, effused into the peritoneal cavity, from the trunk of the vena portæ. The liver was white, and its surface filled with tubercles. All the anterior part, and the whole of the left side of the viscus, was as if putrid : the posterior part, to which the vein is attached, was softened and disorganised.

#### *Insanity.*

THE Annual Report of the Lunatic Asylum in the Canton of Zurich states, that 37 lunatics were received into the hospital in 1823 ; of these —

- 17 were discharged cured ;
- 8 \_\_\_\_\_ in a convalescent state ;
- 6 \_\_\_\_\_ without amendment ;
- 4 died ;
- 2 remained on the list for 1824.

Nineteen of the above patients were males, and eighteen were females.

- 5 were between 10 and 20 years of age ;
- 9 \_\_\_\_\_ 20 and 30 \_\_\_\_\_ ;
- 12 \_\_\_\_\_ 30 and 40 \_\_\_\_\_ ;
- 5 \_\_\_\_\_ 40 and 50 \_\_\_\_\_ ;
- 3 \_\_\_\_\_ 50 and 60 \_\_\_\_\_ ;
- 3 \_\_\_\_\_ 60 and 70 \_\_\_\_\_ .

PRACTICE OF MEDICINE.

*Observations collected in l'Hôpital de Beaucaire.* By P. BLAUD, principal Physician of the Institution.

‘WE purpose publishing, from time to time, the most remarkable facts which we may observe in the hospital committed to our care. We shall accompany them with reflections upon their nature, upon the evident effects of the medicines employed, upon the phenomena of the pathological physiology which the facts may present, and upon the organic lesions discovered by dissection.’ M. Blaud has published ten cases in the present number.

The French are excellent at names, and we are convinced that they often deceive both themselves and their neighbours by their great readiness in this branch of mystification. M. Blaud, under the name of gastro-duodenitis — icterus, has described a species of jaundice which must be well known to most Practitioners in this country, the gastro-duodenitis—in plain English, the soreness over the stomach—being nothing more than the consequence, in either case, of the previous vomiting. In the first case, the patient felt a weight at the stomach, succeeded by nausea and vomiting, and then epigastralgia; and, while in this state, venturing upon a very full meal, he experienced an aggravation of all his symptoms, with complete jaundice. In the second case, the patient experiencing a want of appetite, was persuaded to take an emetic, which, acting violently, gave rise to a similar train of symptoms with the former instance. In the latter, a few leeches were applied to the stomach; in the former, it does not very well appear what cured the patient; but the last was certainly much longer under treatment (from the 6th of July to the 29th) than he would probably have been in England. An active purgative would most likely have removed every inconvenience in both cases in twenty-four hours; at least, we have frequently found this to happen in similar instances, which have not been very few, in our own practice. We ought to notice, that M. Blaud has twice quoted Hippocrates in his reflections upon these two cases.

The next case is more creditable to M. Blaud, and exhibits considerable promptitude and energy in his practice.

On the 14th of July, a child, three years of age, after travelling through the preceding night, was seized, two hours after dinner, with sudden vomiting, trismus, convulsions which endured but for a short time, coma, and loss of motion. When brought to the hospital, her appearance and symptoms were as follows:—Heat natural; countenance unaltered; skin sensible; no paralysis; strabismus; pupils contracted; trismus; stertorous breathing at intervals; pulse 100.

Ordered six leeches to each temple; ice upon the scalp. Half an hour after the child opened its eyes, closed them, and relapsed into a comatose state. About an hour after she awoke again, and her sleep afterwards was light. At six in the evening her state was natural. 15th, recovered.

We have only to observe upon this case, that no mention is made of attention to the bowels; in other respects the treatment was highly judicious.

The remaining cases contain nothing particular.

In the number for December, M. Bland has continued his reports. We shall only notice the following:—

*Scirrhus of the Pylorus.*—A man, sixty years of age, was admitted into the hospital July 17th, for an obstinate vomiting, which had attacked him two years before. At first it occurred only at considerable intervals, but always in the morning before breakfast; and he recognised among the matter rejected the food which had been taken the day before. It gradually became more frequent; and on his admission he exhibited the following symptoms:—

Great emaciation; sallow countenance; features sharp; intellect clear; great muscular weakness; anorexia; tongue moist; colour natural; dull pain in the region of the pylorus, augmented by pressure; no tumour to be felt; vomiting every morning before breakfast; bowels costive; urine natural; pulse weak—80. Died the 14th of August.

*Sectio Cadaveris.*—Pylorus scirrhus, hard, of a fatty texture, so contracted as not to admit a quill without considerable effort. The scirrhus extended into the stomach, forming a kind of funnel about three inches long. The intestines were pale and contracted. Nothing peculiar in the other organs.—*Nouvelle Bibliothèque Médicale*, Nov. 1824.

#### THERAPEUTICS.

*Notice of the Theory and Effects of Acupuncture, from Experiments made at the Hospital Saint Louis.* By Professor PELLETAN, the Son.—(*Revue Méd.* Jan. 1825.)

*Cases in which Acupuncture has been performed, at the Hospital 'de la Pitié,' under the direction of M. BALLY.* By Dr. MEYRANX.—(*Arch. Gén.* Fev. 1825.)

*Notices of Acupuncture.* By MM. DEMOURS, J. CLOQUET, &c. &c. (*Rev. Méd.* Jan. and *Arch. Méd.* Fev.)

SINCE we had occasion to notice Mr. Churchill's Treatise on Acupuncture,\* several important communications on the subject have appeared in this Journal. Acupuncture has recently attracted much attention in Paris; and, as our readers will perceive from the articles the substance of which we are now about to place before them, the Physicians of that city have employed it in several disorders in which it was hitherto looked upon as an inapplicable, if not a dangerous experiment. The journals now before us contain much information on the subject; this we shall condense into one article, for the consideration of the Profession in this country.

\* See LONDON MEDICAL REPOSITORY, Vol. XVII. p. 236.

The sudden and mysterious relief, of which acupuncture has so often been found productive, will probably ere very long be explained, and it does not seem unlikely that its explanation will throw some light upon the hitherto obscure physiology of the nerves. M. Jules Cloquet thinks, that during this process there is a fluid disengaged, which he compares to the electric, and to which he gives the name of the nervous fluid. He remarked that the needles employed are blackened when used in the living, though not in the dead subject. M. Pelletan says, that the presence of this fluid is indicated by the galvanometer. It oxidises the needles and gives them a blue colour. Iron needles are recommended, as being the best conductors of this fluid.

The elaborate paper on the subject, by M. Pelletan fils, in the *Revue Médicale* for January, embraces the history, the effects, and the theory of acupuncture. The Professor refers to the Latin Dissertation of William Ten Rhyne, and to the *Amenitates* of Kempfer; but says he has not had any very exact account of its recent introduction into England 'par un médecin Chinois,' who, we suppose, is Mr. Churchill. In the year 1811, a case was communicated by Berlioz to the Society of Medicine of Paris, of a woman affected with 'a severe nervous remittent fever,' who had been habitually relieved by acupuncture of the epigastrium: so long as the needle remained inserted, the patient felt perfectly relieved: at last, an accident completely cured her; for a shorter needle than usual being employed, it could not be withdrawn. The latter peculiarity of this case did not, however, excite much attention. A woman affected for eighteen months with continual hiccup, and who was sinking under marasmus, was relieved for four-and-twenty hours by the first needle, and subsequently cured, under the care of M. Haime.

M. Béclard made a number of experiments, in order to ascertain the safety of employing acupuncture in different situations, and found that the needles might be inserted without danger in the most important organs. He observed, for example, that a large artery, or a nerve, might be pricked without either hæmorrhage or pain being the consequence. M. Bretonneau made similar experiments on living animals, and found that even the large cavities of the body, the brain, the womb, and the heart, might be pierced by the needles used in acupuncture without dangerous consequences. MM. Velpeau and Meyranx inserted the needles into the lungs, liver, heart, and intestinal canal of several dogs, without remarking any more than occasionally some temporary derangement.

These preliminary experiments being stated, we next notice the practical purposes to which the writers before us have applied the operation.

We need not advert to the employment of acupuncture in this country; the extent to which it has been tried must be well known to the readers of this Journal. We therefore proceed, at once, to state briefly the facts which have been adduced on the subject by our neighbours, the French Practitioners. Berlioz and Haime re-

sorted to it with much success in rheumatism and spasm. M. Demours cured several cases of ophthalmia by means of it and dry cupping. M. Sarlandière employed it in several diseases; and in some instances, after having introduced the needle, made it the conductor to a discharge of the electric fluid. 'M. Bretonneau cured a hiccup of long duration, by the introduction of a needle into the coats of the stomach!' M. Jules Cloquet more recently made very numerous trials of acupuncture, at the hospital Saint Louis, where he had great opportunities of ascertaining its effects, both in a physical and in a therapeutical point of view. On account of the baths, with which this hospital is provided, and their reputation in the cure or alleviation of painful affections, patients labouring under them are sufficiently numerous in its wards. M. J. Cloquet, in the course of his trials of the remedy, conceived that, if the needles were allowed to remain inserted in the affected part much longer than they usually were by his predecessors, he should obtain more uniformly beneficial effects from the operation. He, moreover, entertaining the idea that a fluid escaped from the needles, sometimes established a galvanic circuit with a conducting wire, communicating, at one end, with the needles inserted into the affected part, and, at the other end, with the mouth. Sometimes he plunged both extremities of the conductor in a glass of salt water. Of the phenomena observed on these occasions, we shall have to speak in the sequel; at present we proceed to notice the therapeutical effects of this operation.

M. Pelletan observes that the puncture, during the presence of the needle, is often surrounded by an areola of various forms; the form having, however, no relation to the local pain;—that the pain for which it is employed rarely ceases sooner than five or six minutes;—that it is necessary to allow the needle to remain, generally, from ten to twenty minutes, and sometimes even several hours;—that the diminution of the pain is always accompanied or followed, and occasionally preceded, by a sensation of numbness;—that, when the pain returns, after having ceased, in consequence of the operation, it always is less severe, and disappears sooner on the repetition of acupuncture;—that the beneficial effect of the operation is always more marked the nearer it is performed to the nervous trunks going to the affected parts, on the side of their origin;—that the pain disappears, first in the remote extremities of the nerves, and lastly in the trunks;—and that, although acupuncture may be innocently employed on arterial, venous, or nervous trunks, they ought to be avoided; provided this be done, very fine needles may be inserted, with advantage, at great depths, in the abdomen and thorax, without inconvenience.

M. Pelletan has seen acupuncture successfully practised;—1st, in violent neuralgia; 2d, in rheumatism; 3d, in accidental contusions, and anomalous pains; and, 4th, in chronic affections. M. J. Cloquet has performed acupuncture on about three hundred patients in the hospital St. Louis, and from amongst these he reckons only twenty in whom the practice had no effect: it hap-



pened in a few that the pains were increased by it. No accident occurred from the operation.

M. Bally first employed acupuncture at the hospital 'de la Pitié,' in cases of rheumatism. He considers that when inflammatory fever accompanies the disease, the practice is ineffectual; in other circumstances, he has generally found it successful. In neuralgic affections, he conceives it to be the best remedy we possess; and his pupil, Dr. Meyranx, details several cases wherein it either produced an immediate and permanent cure, or much relief. In two or three cases, however, it proved inefficacious. M. Bally practised the operation in two cases of hemiplegia, on the paralytic limbs, without any advantage. 'The introduction of the needles seemed to possess a most decided influence in cephalalgia and hemicrania, when these complaints seemed unconnected with a morbid state of the brain or its membranes, or of the bones of the cranium.' In the local pains resulting from venereal affections, it was either inefficacious or gave but momentary relief. Acupuncture was resorted to in a case of chronic gastro-enteritis, but without benefit. In a case of pleurodynia, occurring after pleuritis for which the patient had been blooded generally and locally, acupuncture was found beneficial. 'Three days after the patient considered himself cured of the pleuritis, the pain returned without occasioning general symptoms. The respiration was a little embarrassed: the other functions were not disturbed. Three needles inserted into the chest, at the part where the pain was felt, produced immediate relief—the internal pain ceased; and a second application of the needles was followed by the disappearance of the cough which returned with the pain.' The following case is interesting:—

'Denios, of a nervous temperament, has had, for five years, all the symptoms of chronic inflammation of the pericardium, or of the surface of the heart. Repeated blood-lettings, the application of several blisters, and cooling drinks, with the usual concomitants of the antiphlogistic regimen, had been practised without relief. At this time he complained of acute pain in the left breast, and under the sternum of the same side, and of continual anxiety at the præcordium. The stethoscope gave no pathognomonic sign. The action of the heart was without noise: the pulse was frequent, small, and sometimes tremulous.

'M. Bally having proposed acupuncture to the patient, I inserted obliquely three needles, to the depth of half an inch, in the thoracic parietes over the heart. A very marked areola formed around each needle; the pulse became smaller and feebler; the face paler, and expressive of more anxiety than usual: I dreaded syncope; and was about to withdraw the needles, when the patient expressed himself much relieved, and that the puncture gave him pleasure. The needles were allowed to remain for an hour and a half; at the end of which time the pain was less, and the respiration much more easy. The following day he remained better, and desired a repetition of the operation. M. Béclard, who accompanied M. Bally at

this visit, introduced four needles in the region of the heart: one of these penetrated as far as the left lung. It was evident that it had reached this organ, or pericardium itself, from the double motion communicated to the needle by the heart, and the acute pain felt by the patient on inspiration. The needles were allowed to remain only for a quarter of an hour. This second operation did not relieve the patient so much as the first; however, he acknowledged to M. Bally that the pain in the region of the heart was much more supportable since the employment of acupuncture; but that one of the last needles had occasioned so much pain that he would not again submit to the practice.

(To be concluded in our next Number.)

#### SURGERY.

*Case of Incarcerated Pudendal Hernia.* By M. BOURGOIN-DUFFAUX, D.M., à Selles-Sur-Cher.

MADAME P——, aged thirty-two years, dressmaker, robust, and of a good constitution, fell down a stair of considerable height. She experienced at the moment a violent concussion of the pelvis, followed by colicky pains, proceeding from a little above the left labium pudendæ, and extending over the whole abdomen. Tumour of the left labium pudendæ also supervened at the same time. The following day, 14th November, 1823, this tumour twice disappeared, and all the symptoms ceased on confining herself to bed; but they returned, with the tumour, when she left the recumbent position. The menses were present; it was the period of their appearance.

November 15th. — The tumour did not disappear on being firmly pressed upon; the symptoms continued increasing, and I was called to the patient on the 18th, the fourth day of strangulation. The tumour was then round, the size of a large horse-chestnut, colourless, renitent, very painful on pressure, with a neck of considerable size directed from below upwards, and situated in the thickness of the left large labium pudendæ, towards its inferior third. She complained of constipation, constant hiccup, difficulty of motion; pulse small and contracted. The catamenia were still present.

The taxis caused the tumour to disappear, but it returned, in the same form, as soon as I ceased to compress it. Warm baths, demi-lavements, an emollient cataplasm, and diet, were directed.

On the 29th, the patient had scanty motions, which were procured by means of the lavements. The same treatment was continued.

Her state was nearly the same on the 20th. I again tried the taxis, and one of my brethren also tried it after me, but without success.

I examined the vagina and uterus, without perceiving any displacement. The tumour did not in the least empty itself by pressure. All the pelvic viscera performed their functions; but colic and hiccup continued.

Matters being thus stationary, I determined on waiting the result for some time, and, therefore, only directed the tumour to be covered by an emollient cataplasm; I also ordered a tepid bath; but whilst it was preparing the tumour disappeared of its own accord, without even the patient knowing it, otherwise than by the ceasing of the colic and hiccup. These, however, returned, in paroxysms, during the morrow and following day, but I did nothing for the purpose of arresting these symptoms; for, as I considered them the most important phenomena of the disease, so I conceived that their spontaneous subsidence would be the most certain sign of its perfect removal. I applied an appropriate bandage, and the patient resumed her occupations: but, even at the present time, she walks with a little difficulty, which leads me to suppose that the hernia has not entirely returned, although it cannot be felt externally.—*Gazette de Santé, Mai 1824.*

#### MATERIA MEDICA.

##### *On the Employment of the Bark of the Pomegranate.*

‘TAKE an ounce and a half or two ounces of the dried bark of the root of the pomegranate, and boil in two pounds of water to twelve ounces.’—[The editors of the *Journal de Pharmacie* add, that it is important to macerate and swell the root in cold water before boiling it; and they say that they have reason to think the bark of the fruit possesses similar properties.]

‘Two ounces of this decoction may be given every half-hour. The worm is often passed in twelve hours after the decoction is taken.

‘If the proper effects are not produced in the first or second day, the same means may be used for four or five days together: but the medicine must be suspended if the patient complains of vertigo, or of intestinal uneasiness or pain.

‘I generally give a dose of castor-oil after the fourth bottle of the decoction, even when the worm has been brought away.

‘The bark of the root of the pomegranate may also be given in the form of powder: a scruple being administered in the course of the day to children, and two scruples to adults, in divided doses taken every half-hour.’—CLAPOTIN. *Journ. de Pharmacie.*

##### *Quina Bicolor.*

A SPECIES of bark has recently been employed by M. Brera, in the hospital at Padua, to which he has given the name of *quina bicolor*. It has a nearer resemblance to the *simarouba*, or to the *bonplandia*, than to cinchona, and is said to possess considerable febrifuge properties.—*Rev. de Chimie Méd., Fevr. 1825.*

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## PART V.

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### MISCELLANEOUS INTELLIGENCE.

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#### *Extraordinary Cases of Injury to the Brain.\**

INQUEST ON THE BODY OF JAMES BEAN, MARCH 21, 1825.

*W. G. examined.*—On Thursday, the 17th instant, the deceased, and a man of the name of Stephens, were working with pick-axes opposite to each other, in making a new road. The deceased had struck his pick-axe so hard, that it stuck, and he could not withdraw it so soon as he ought to have done. The other man, Stephens, struck in regular time, and, owing to the deceased's pick-axe sticking, he was forced forwards, and Stephens's pick-axe struck him on the left side of his head through his hat, and knocked him down. Stephens picked him up, and I ran up, and *the deceased said he was not hurt*. His head bled a good deal, and we bound up his head. He went first to a surgeon, and then to the hospital.

*F. I. examined.*—I am house surgeon to the hospital. I examined the deceased when he came in on Thursday, and discovered that his head was fractured, and that the injury must have extended to the brain. He was perfectly sensible, and appeared to be in no pain. I had him bled, and other remedies applied. On Friday the surgeon saw him: he was then inclined to be sleepy, but seemed comfortable. On Friday evening he was better, and able to walk a little. On Saturday morning, between four and five, I was called up to him: he could not be kept in his bed. His pulse was very full, and I had him bled. He became better; but I sent up to the surgeon immediately, who saw him between seven and eight, and he was then quiet. Some small portions of bone were removed, but the man died very soon afterwards. I have since opened the head. There was considerable laceration into the left ventricle of the brain, large enough to admit a finger, and the membrane of the brain were covered with extravasated blood.

Since the inquest, of the minutes of which the above is nearly a literal copy, I have learned from the gentleman who gave the last evidence, that the hole in the skull was situated in the left parietal bone, and that it was so large as to admit the trephine. The axe had penetrated through the left hemisphere of the brain into the descending corner of the ventricle of the same side, reaching very nearly to the base of the brain. The whole of the left hemisphere was covered with extravasated blood. It ought also to be mentioned that *the man had continued his labour till seven o'clock after he had received the injury, and walked down to the hospital, a distance of more than a mile and half. He had also walked from the ward to the privy the evening before his death.*

In conjunction with this case, I would mention one, which, when I communicated it to the late Dr. Gordon of Edinburgh, he considered as particularly remarkable, and a part of which fell under my own notice. Like the case just related, it also was the subject of an inquest.

\* Communicated by a friend of the Editor.

The patient was a boy, nine years and a half old. On Monday, the 7th of October, 1807, he had received a severe injury on the head. His father, in a fit of passion, threw a small poker, not more than half an inch in diameter, at his wife, which missing her, hit the head of the child, and penetrated the skull, so that it remained upright, till drawn out. On examining with a probe a short time after, I readily discovered a depression of bone, but merely by the probe catching against the edge of the superior part of the bone. The child at the time exhibited no severe symptoms; and, with little interruption, continued to improve till the following Sunday, when he died. On the Wednesday there was a slight paralysis of the right leg, the opposite side to the injury, which, however, gradually went off, and on the *Sunday he appeared convalescent, 'was running about the ward, and seemed quite rejoiced that his leg was quite recovered.'* 'Soon after dinner, he was suddenly seized with sickness and vomiting,' and quickly became again paralytic, appeared at seven o'clock in the evening perfectly moribund, but survived till two o'clock the next morning.

'*Dissection.*—Discovered a perforation, situated about half an inch above the squamous portion of the temporal bone, in the left parietal bone, and about a quarter of an inch from the coronal suture. The opening on the outer surface was completely circular; but, upon sawing through and removing the skull-cap, the inner table of skull was found driven in, in three or four separate portions, and pressing upon the brain. There was also a considerable deposit of coagulum of blood on the dura mater, for several inches round the opening through which the instrument had passed into the brain. Removal of the dura mater exhibited the surface of the brain of a brown dusky hue, apparently from diffusion of blood, and, at the point of injury, slight suppurative process. Perpendicularly slicing the brain exposed the passage of the weapon through the substance of it even into the thalamus, where the injury seemed to terminate. The brain, in the course of the injury, was soft and pulpy, and diffused with blood.' In answer to some inquiries which I made respecting the particular nature and extent of the injury, I was informed, 'that the point of the weapon entered into the substance of the thalamus about a quarter of an inch. The texture of the brain in the vicinity of the injury carried the appearance of brain partly softened by putrefaction, and irregularly red and of a dusky brown hue, but nothing bearing the appearance of pus, excepting at the external opening.'

I have every reason to trust in the accounts of the dissection that have been given above; and the cases themselves were too public to admit of the slightest falsification.

J. D.

#### Panckoucke Medal.

We remember reading, some time ago, certain rather caustic remarks on the subject of *Panckouckerie*, in a contemporary Journal. (Vide *Medico-Chir. Journal* for Sept. 1821.) M. Panckoucke has the honour to be the editor of a Dictionary of Medical Sciences, so judiciously contrived, that, 'could a man be secure that his life would endure for a thousand long years,' he would never see the end of it; a dictionary to which Floras, Iconographs, and a Complementary Journal even professedly interminable, have become indispensable appendages. These merits have been previously and properly animadverted upon. But Monsieur Panckoucke has advanced one step more, has created one more claim to the wonder and to the gratitude of the age: he has conceived *l'idée heureuse*, as the prospectus hath it, the lucky thought, as we say in English, of having a medal struck *au nom des Souscripteurs*, in the name of the subscribers to the said dictionary and its abridgement—not, as he declares, to do honour to him, Monsieur Panckoucke, nor to any body else, but—'to consecrate, by a durable monument, the progress of medicine in France in the nineteenth century.'

A plan so exceedingly clear, so undeniably useful, so advantageous to the French nation, and, above all, so disinterested, (for M. Panckoucke gives away the medal to the subscribers, provided they pay the carriage, stipulating only to receive thirty-two francs for a silver medal, and twelve for a bronze one,) cannot fail to prove very popular.

If any thing could exceed the modesty of the proposal itself, it would be the chaste simplicity and unaffected good taste of the proposed medal. We lament that we have not room for a very touching introduction about Apollo and other great physicians, but we supplicate attention to the *description*.

'This medal represents on one side the subject of M. Guérin's fine picture, *an Offering to Esculapius*. A sick old man is led to the statue of the Deity by his children; supported by his sons, one on each side of him, he *makes a motion* to the god from whom he expects to get his health back, by way of homage: his sons express their ardent vows *by a gesture full of nobleness*: his young daughter, on her knees before her father, looks *with satisfaction mixed up with terror* on the mysterious serpent of Epidaurus, which is rolling over the basket of fruits and flowers she has put down at the feet of the deity. Every one of the figures has a very remarkable expression; the design is rendered with the greatest fidelity, and the relief is perfect. On the other side, surrounding the inscription, there is a crown of flowers borrowed from the *Medical Flora*, given with admirable detail, such as nobody would ever expect to see in a medal: this garland of the flowers of ipecacuanha, quinquina, jalap, thorn-apple, nux-vomica, and poppy, should be seen, to have any idea of such a graceful assemblage of vegetables consecrated to the treatment of human infirmities. The *advantage* that has been taken of this idea is *beyond description*: the taste and the grace cannot be told. This medal does the greatest honour to the talents of M. Barre. It will be an ornament to the library of every physician who—*by subscribing to M. Panckoucke's works on Medical Sciences*—has concurred,' &c. &c. &c. 'The name, christian-name, titles, and quality of the subscriber, inscribed round the medal—will *consecrate* his memory and love of useful science *for ever*.'

Surely this is the happiest of all contrivances for ensuring immortality wholesale. Esculapius! a noble family in distress! a pretty girl satisfied and frightened! a wreathed snake! a 'gay garland' of ipecacuanha, and jalap, and poppy-heads! Exciting and soothing agents amicably and taste-fully intermingled! Ipecacuanha tranquil, and jalap in repose! After this who will deny that the ingenious editor of the *Dictionnaire des Sciences Médicales* has erected a monument of brass to the genius of Panckouckerie!

#### *Fluid in the Vertebral Canal.*

M. MAGENDIE lately gave an account, at a meeting of the French Institute, of a fluid which exists along the whole length of the vertebral canal in mammiferous animals: he describes it as transparent, as existing at every age, and as disappearing forty-eight hours after death. M. Magendie promises, at a future opportunity, to point out the mode of formation and the utility of this fluid. At a subsequent sitting of the Institute, he mentioned having found it in a patient who died of phthisis, and that it was found in greater quantity in man than in any of the mammiferous class, amounting to about four ounces in the human subject. He denies its being the result of morbid affections of the brain and spinal column, or, as has been supposed, of the disease called yellow fever.—*Journ. de Chimie Méd. Fevr. 1825.*

#### *Of the Bark of the Root of the Pomegranate Tree against Tania.*

In the 'Nouvelle Bibliothèque Médicale' for November and December, several instances are given by MM. Deslandes, Sourya, and Bourgeoise, of the successful employment of the bark of the root of the punica granata,



the pomegranate tree, in the expulsion of tænia. It was given in decoction, and generally expelled the worm in less than two hours. In some instances, slight vomiting took place; but usually the only inconvenience attending its administration was griping pains in the bowels. It is well known that this is a common remedy for tape-worm in the East Indies; and M. Deslandes states it to be frequently employed by the negroes in St. Domingo. Any medicine, it appears to us, that should be free from the unpleasant consequences which frequently attend the exhibition of the oil of turpentine, would be very desirable; and we should, therefore, wish to see the bark of the root of the pomegranate tree tried more extensively. We have so often observed distressing effects from the oil of turpentine, and found so many patients who could not be persuaded to repeat it, though they had previously experienced its good effects in repelling the worm, that we are frequently as much at a loss for a remedy as before its efficacy had been discovered.

*Syrup for Irritations.*

THE sale of quack medicines is quite as lively among our Gallic neighbours as in our own enlightened country. Grocers, tinmen, and milliners, vary their avocations by the sale of cures for hydrophobia, burns, fevers, &c.; but a *pharmacien* of genius has surpassed them all. 'The glory of M. B.' (M. Broussais), says a French journalist, 'is complete. The physiological doctrine invades the apothecary's shop. Light begins to penetrate even into these dark recesses. A *pharmacien* has made himself the first man of the age: M. N. has composed a *syrup for irritations*. Hang thyself, brave LEROY! for thy universal panacea fades before the new discovery. Make haste hither, readers of the *Catechism* of the physiological doctrine! your safety is assured. Your master has taught you that cerebral fever, apoplexy, inflammation of the brain, meningitis, mania, epilepsy, hypochondriasis, pneumonia, phthisis, scrofula, cancer, &c. &c., all past and present diseases, and all diseases to come, are nothing but irritations. Take syrup, then, against these irritations, for that will be going to the root of things at once. He is no fool, this *pharmacien*; he knows what he is about. Incendiary quinquina, murderous camphor, are menaced with being left for ever on those foreign shores on which they are produced: their ancient legitimacy is about to disappear before the gainless usurpation of leeches and gum. The moment is favourable, and M. N., like many other men, has turned about in lucky time. He has devised a syrup which suits the present epidemic, that is to say, *irritation*.'—*Arch. Gén. de Méd.* Nov. 1824.

*On the Active Principle of Colocynth — Colocyntine.*

THE following account is abstracted from a paper by M. Vauquelin:—Colocynth treated with alcohol, yields the bitter substance much purer than when water is used. The alcoholic solution evaporated yields a very brittle substance, of a gold yellow colour, which, when put into cold water, produces a solution, whilst white opaque filaments remain, which ultimately form a soft semi-transparent yellow mass resembling some resins. If the aqueous solution be heated, it becomes turbid, and there form, both on its surface and at its bottom, yellow drops, resembling a fused resin; these, when cold, become hard and brittle. The solution re-heated, is again rendered turbid, and this effect is produced until the whole is evaporated.

It is found on examination, that the substance remaining undissolved by the water at first, is of the same nature as that dissolved, and may itself be dissolved in abundance of water. It appears that the first portion of water dissolves more than the second or third,—from the presence, probably, of some acid taken up by it. A yellowish brown extractive matter also appears to be present; for the first solution is much more coloured than the second, and the product of the second solution evaporated, appears to be much purer.

than that of the first. If, by successive evaporations, the resin-like substance be separated, the last, or mother-liquor, contains a substance considerably soluble in water, and but slightly troubled by infusion of galls; the turbidness is occasioned, probably, by the presence of the bitter substance, a portion, as is evident to the taste, remaining.

The bitter resin-like substance is slightly soluble in water, considerably so in alkaline solutions, abundantly precipitated by infusion of galls, but not at all by acetate of lead. When heated it yields a white vapour, of which the taste is not bitter, and leaves a very bulky charcoal. Nitric acid dissolves it, and the acid is decomposed, acting upon the substance, although with difficulty. If the solution be diluted, part of the substance precipitates in very bitter white flocculi.

This substance, containing the bitterness of the colocynth, appears to M. Vauquelin to be a particular principle. It is very soluble in alcohol, less so by far in water, but giving a solution of extreme bitterness and frothing on agitation. He proposes for it the name of *Colocyntine*.—*Jour. de Phar.* 1824, 416.

#### *Active Principle of Belladonna.*

M. RUNGE has ascertained that the narcotic principle of Belladonna is destroyed, or so changed, by alkaline solutions, as to lose its distinguishing property of causing dilatation of the pupil: this takes place when the solutions are weak, or even with lime water; so that this principle cannot be obtained by the usual process, alkaline substances being used. Magnesia, however, was found not to exert any action of this kind, and may therefore be resorted to in the process, but it is very advantageous to use it as a hydrate, and not calcined. It should be thrown down from sulphate of magnesia by potash, not in sufficient quantity to decompose the whole of the salt, the mixture added to the aqueous infusion of belladonna, and the whole evaporated by a brisk fire to dryness; the residue, which is readily dried and pulverised, is to be treated with highly rectified boiling alcohol. The clear yellow solution is to be evaporated spontaneously, and a crystalline mass is obtained, which slightly blues reddened litmus-paper, dissolves in water, and produces extreme dilatation of the pupil. The salts formed by it with sulphuric, muriatic, and nitric acids, also produce the same effect on the eye.—*Ann. de Chim.* xxvii. 32.

#### *Uterine Hæmorrhage.*

At the November meeting of the Royal Academy of Medicine of Paris, M. Gorat read a paper in which he recommends the use of citric acid in uterine hæmorrhage occurring after delivery, according to the following method:—

As hæmorrhage, if it supervene, generally does so within an hour after the delivery of the patient, M. Gorat advises that the Practitioner shall not leave her until after that period has elapsed. If hæmorrhage occurs, he carries into the cavity of the uterus a decorticated lemon, one end of which has been cut off, and presses out its juice on the sides of this organ: he afterwards leaves it to remain there, until the irritation occasioned by its presence, and the astringent effects of its juice, have occasioned contraction of the uterus, when the lemon is expelled with the coagulum that may have formed around it.

### MONTHLY MEDICAL BIBLIOGRAPHY.

I. A Manual of Pharmacy. By William Thomas Brande, F.R.S., Secretary to the Royal Society of London; Fellow of the Royal Society of Edinburgh; Member of, and Professor of Chemistry in the Royal Institution of Great Britain; Professor of Chemistry and

of *Materia Medica* to the Society of Apothecaries of the City of London, &c. &c. 8vo. Pp. xii. 556. London, 1825.

This work is, in our opinion, calculated to become a standard class-book to the medical student, and to prove useful and instructive to the Practitioner, whenever he may find it necessary to refer to works of this description. We shall take occasion to make it the basis of an extensive article on the *Materia Medica*.

II. *Observations on Vaccination, and on the Practice of Inoculating for the Small-pox. With an Appendix of Cases and Facts.* By John Conolly, M.D., Physician to the Stratford Dispensary, &c. 8vo. Pp. 79. Stratford-upon-Avon, 1824.

This unpretending *brochure* possesses great merit, and is calculated to do much good wherever it circulates. The research and reasoning which characterise it, as well as the importance of the subject which it discusses, ought to insure it an extensive circulation, if it were republished in the metropolis.

III. *Illustrations of the Arteries connected with Aneurism, and Surgical Operations. No. II. Containing Plates 2, 3, and 4, of a complete Series.* By B. G. Dermott, M.R.C.S. Folio. Burgess and Hill.

‘These plates,’ the author informs us, ‘are intended to explain the relative position of the arteries, in respect to the surrounding parts, and the organs to be met with in such operations, both externally and internally to their sheaths.’ They are lithographed, and are the best specimens of the application of this art to anatomical science we have seen in this country. We have no doubt that the merit and cheapness of the work will insure it very considerable encouragement.

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#### WORKS RECEIVED FOR REVIEW.

*An Account of the Disease lately prevalent at the General Penitentiary.* By P. Mere Latham, M.D., Fellow of the Royal College of Physicians, and Physician to St. Bartholomew’s Hospital. 8vo. Pp. xvii. 286. Underwoods, 1825.

*Observations on the Use of the Colchicum Autumnale in the Treatment of Gout, and on the Proper Means of preventing the Recurrence of that Disorder.* By Charles Scudamore, M.D., F.R.S., Member of the Royal College of Physicians, Honorary Member of Trinity College, Dublin, &c. &c. 8vo. Pp. 120. Longman and Co. 1825.

*Collections from the unpublished Medical Writings of the late Caleb Hillier Parry, M.D., F.R.S., &c. &c. Introductory Essays.* By Charles Henry Parry, M.D., F.R.S., and Member of many other Societies, British and Foreign. 8vo. Pp. xxxvi. 243. Underwoods, London, 1825.

*A Manual of Pharmacy.* By William Thomas Brande, F.R.S., &c. &c. Underwoods, London, 1825.

*Observations on Vaccination, and on the Practice of Inoculating for the Small-pox. With an Appendix of Cases and Facts.* By John Conolly, M.D., &c. Stratford-upon-Avon, 1824.

*Illustrations of the Arteries connected with Aneurism, and Surgical Operations. No. II.* By B. G. Dermott, M.R.C.S.

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#### LITERARY NOTICE.

Dr. Gordon Smith is preparing a Systematic Work on Medical Police.

*Dissertatio Chemico-Physiologica de Sanguine ejusque Mutationibus:* Auctore Carolo J. B. Williams. 8vo. Pp. 84. Edinburgi, 1824.

## THE METEOROLOGICAL JOURNAL,

From the 19th of FEBRUARY, to the 20th of MARCH, 1825.

By Messrs. HARRIS and Co.

Mathematical Instrument Makers, 50 High Holborn.

February.	Moon.	Rain Gauge.	Therm.			Barom.		De Luc's Hygrom.		Winds.		Atmo. Variation —		
			9 A. M.	Max.	Min.	9 A. M.	10 P. M.	9 A. M.	10 P. M.	9 A. M.	10 P. M.	9 A. M.	9 P. M.	10 P. M.
20			47	50	44	30	17	30	26	■	90	W	W	Clo.
21			45	40	37	30	27	30	33	■	73	W	N	Fine
22			40	41	40	30	31	30	21	75	74	N	SE	Fog.
23			41	42	36	30	07	30	03	74	76	SE	ESE	
24			38	40	36	30	10	30	20	81	80	SSE	E	Clo.
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27		,05	39	41	35	29	63	29	48	89	86	SSW	NW	Rain
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1		,02	36	46	34	29	58	29	19	80	83	SW	SE	Fine
2		,03	36	46	35	29	30	29	06	84	80	W	SW	Rain
3			36	46	34	29	30	29	35	81	80	WSW	SSW	Fine
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5			35	40	36	30	06	30	14	72	69	NW	NW	Fine
6			40	44	36	29	96	29	98	72	72	W	S	Clo.
7		,02	39	41	39	29	56	29	71	78	81	S	SSW	Rain
8			40	44	44	30	07	30	16	81	82	N	SW	Sl. f.
9		,01	46	51	49	30	13	30	11	88	89	SW	SW	Rain
10			50	52	46	30	10	30	12	86	92	W	SW	Clo.
11	☾		48	50	41	30	00	29	97	96	90	SW	WNW	Rain
12			45	48	45	30	00	30	06	82	■	NW	NNE	Fine
13		,03	49	50	32	30	00	29	98	89	84	SW	NE	Rain
14			34	36	33	29	95	29	95	72	74	■	E	Clo.
15			34	36	32	30	00	30	10	78	74	■	ENE	Sleet
16			34	36	28	30	10	30	20	72	60	NE	ENE	Hail
17			30	38	30	30	28	30	33	69	67	S	■	Fine
18			36	44	30	30	41	30	44	65	69	SSE	SE	Fine
19	☾		36	44	32	30	44	30	44	73	71	E	E	

The quantity of rain fallen in February was 60-100ths of an inch.

\* Communications, and Works for Review, are requested to be addressed (post-paid) to the Editor, to the care of Messrs. T. and G. Unwinwood, 23 Fleet Street.

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No. 137.

MAY 1, 1825.

VOL. XXIII.

BEING

No. XVII. OF A NEW SERIES. — VOL. III.

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PART I.

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ORIGINAL COMMUNICATIONS.

I.

*Case of Extirpation of the Tonsils.* By THOMAS JOSEPH PETTIGREW, F.A.S., F.L.S., Surgeon to the Asylum; to the Royal West London Infirmary, &c.

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THE extirpation of the tonsils is, I believe, an operation not frequently performed in this country, and has been more commonly done by the means of ligature than by the knife, though I could never discover the grounds upon which this preference was founded. Indeed, Moscati relates some cases, in which the presence of the ligature proved so highly injurious as to threaten the existence of the patients, who had been submitted to this mode of treatment, by inducing inflammation of the larynx and other important parts situated in connexion with the part affected. A case lately presented itself to my view as a favourable opportunity for extirpating the tonsils by the knife, having no fear of wounding any vessels of great magnitude or importance, for they lie too much buried beyond the substance of the gland itself to be in danger of being injured, unless by the unskilfulness and ignorance of the operator.

Caroline Watson, aged twelve, of Chapel Street, Oxford Street, was brought to me, at the Royal West London Infirmary, in consequence of an enlargement of both the tonsil glands to such an extent, that their surfaces were in close contact; and when the curtain of the palate was depressed, the uvula most completely obliterated the opening into the throat. In this state, I was informed, she had been for some months past. The enlargement was first observed when very young, but had most sensibly increased during the last few months—indeed, so much so, as to threaten her with suffocation. She had a strong nasal twang in her speech; she was unable to swallow solid substances, and fluid nutriment only could be taken in small quantities, and with great effort. During sleep, the noise she made and the labour she appeared to undergo were dreadful; and, to use the expression of those around her, “every night was expected to be her last.” Having seen the beneficial effects of iodine in producing resolution of some glandular tumours, I resolved upon giving it a trial in this case, and it was accordingly used externally as an ointment, and given internally in the form of tincture. This practice was continued until the bowels became much affected with spasms and colicky pains, and the use of the medicine was obliged to be discontinued. No alteration was affected in the size or appearance of the enlarged tonsils. Nothing was now left but the removal of the tumours, which were in size each about that of a moderate-sized walnut.

In the presence of Mr. Maurice, Mr. Lycett, Mr. Baynton, and some other pupils, I commenced the operation in the following manner:—The patient was seated on a chair before me; her head firmly held by an assistant, whilst another pressed and kept down the tongue with the bowl of a teaspoon. I then planted a hook into the left tonsil and drew it gently forward—then carrying a very fine probe-pointed bistoury to the back of the gland, I immediately cut it out. The hæmorrhage which succeeded was at first violent, but soon subsided. I was prepared to expect much more, and had provided myself with a solution of alum, to be injected into the throat if necessary. I had, however, no occasion to use it. As soon as the hæmorrhage would permit me, I passed the hook into the remaining tonsil, and a dreadful spasm of the whole of the throat was instantly produced. The same plan was followed with this as with the other gland, and its extirpation completely effected. Immediately after the operation, she lay down and slept for two hours with much greater ease than she was ever remembered to have done before. The disagreeable noise in her respiration had



entirely subsided. She awoke occasionally during the night following the operation, and gargled her throat with an acidulated gargle. In the course of four days the cut surfaces had entirely healed, and she was free from every complaint. There does not appear to be any deficiency of mucus in the fauces; she swallows hard substances with ease, and is in every respect relieved of her distressing affection. Her general health and strength, which had suffered very materially by deficient nutrition, have considerably improved. The nasal twang in her voice has gradually diminished, and is now nearly gone.

The very favourable manner in which this case has proceeded, the great safety with which the operation was completed, and the simplicity of the means employed, induce me to request the insertion of the case in your valuable *REPOSITORY of Medical Literature and Science*. The bistoury I conceive to be a much more safe and convenient instrument than the knife, and to be liable to no one objection. When we read the cases of extirpation of the tonsils as performed by the justly celebrated Wiseman, we cannot help being struck with horror at the enumeration of the caustics, the ligatures, &c., that were employed. All his patients were in danger of being suffocated during the operation, principally from the great quantity of mucus thrown out at the time. The operation I have recommended is so exceedingly simple, so easy of performance, and so free from any dangerous result, that I flatter myself it will be considered as an improvement in surgery.

Saville Row, Burlington Gardens, February 14th, 1825.

## II.

*Clinical Observations on Chorea.* By ROBERT VENABLES, M.B., Physician to the Henley Dispensary, &c. &c.

IN the different systems of nosology and of medicine, Chorea, Lumbago, Rheumatism, Dropsy, Diabetes, &c., are considered as idiopathic diseases, and yet it is much more rational and consistent with the phenomena to regard such as merely symptoms of some more general affection. I have met with numerous instances where affections of the above description have been treated as primary diseases, without the slightest impression, but which have readily yielded to a plan of treatment more general and comprehensive in its principles. The limited view which has been taken of these affections has led Practitioners to seek for specifics in the cure of them; and

in the eagerness of the pursuit the complex nature of the morbid state has been wholly overlooked. In the last volume of the Transactions of the College of Physicians of Dublin, Dr. Crampton relates some facts with a view to prove the efficacy of the nitrate of silver in chorea. In the medical session of 1817-18, I was clinical clerk to Dr. Barker (Professor of Chemistry in the University of Dublin, and during that session one of the Clinical Professors at Sir Patrick Dunn's Hospital), and I remember that a girl, about fourteen or fifteen years of age, was admitted into the clinical wards of the hospital, suffering severely from chorea. The nitrate of silver was prescribed by Dr. Barker in tolerably active doses — indeed, I believe to the extent of three or four grains in the course of the day — but with little or no advantage. Observing the general failure of every medicine when given as a specific, I have been latterly in the habit of regarding these affections as symptoms of some general disturbance rather than as actual or primary diseases. A Practitioner who entertains such a view of disease will adopt different modes of practice, even in affections which exhibit the same nosological characters.

It is well known that secondary diseases will so completely mimic or imitate the idiopathic one, that they are not to be distinguished by a mere observance of the essential symptoms. Diseases might be, perhaps advantageously, divided into idiopathic and secondary. The symptoms of secondary diseases may be divided into those which are essential, and those which are secondary or occasional. Thus, in secondary chorea, for example, the essential symptoms are those which are necessary to constitute the nosological character, and will be similar whatever the nature or character of the disease. The occasional, however, will vary in different cases, depending entirely upon that morbid condition which gives to the complaint a complexity of character. Thus, on some occasions, they will be of a dyspeptic nature, on others of an inflammatory or a febrile character, and on others, again, puerperal, or even epileptic, &c. Indeed, the variety is too extensive to be specifically noted. In illustration of my views, I shall relate the history of a few cases of chorea which recently occurred in my own practice.

#### CASE I.

March 6th, 1820. — Mary Neville, a delicate, florid-complexioned girl, aged eight years, about four months since was afflicted with pertussis or hooping-cough, and during her convalescence from this complaint she was attacked with measles. The symptoms were severe, but not dangerous.

On the subsidence of the febrile symptoms, her health began to decline, her appetite failed, her abdomen became tumid and prominent, and her ancles became anasarcous.

About a month ago, her gait became tottering and infirm, which was considered as the effects of weakness; but it was soon discovered that it was merely the incipient symptoms of a supervening chorea, which, in the course of three days more, assumed an unequivocal character. A variety of remedies (among which was nitrate of silver) were prescribed without any advantage.

On examination, I found that there was a perpetual inquietude, which became extremely distressing on any exertion, or even an attempt to support the body in the erect posture. The hands and arms were in continual motion; and even during sleep the patient frequently started, and was continually tossing about and moving the limbs. There prevailed a considerable degree of febrile heat, with a quick, hard, and frequent pulse. The respiration was tolerably free and natural. Occasional headach, furred dry tongue, thirst, nausea, and sometimes some vomiting, distressed the patient. Opium, which had been given to relieve the sickness, aggravated all the symptoms. The bowels were constipated, and the abdomen, which was full and prominent, felt extremely tense and tympanitic. The sensation communicated on percussion was not such as is experienced when the tumefaction is caused by an accumulation of fluid in the cavity of the peritoneum. The fæces, when passed, were hard and dark-coloured. The urine was pale and plentiful. The scrobiculus cordis was so extremely tender to the touch that she could not bear the slightest pressure; indeed, even the examination threw her into great agonies.

A dozen leeches were applied to the scrobiculus cordis, and a blister at night, and the following medicine: —

R Ext. Col. gr. x.

—— Jalap. gr. v.

Saponis gr. iij. M.

Ft. pil. no. iv.; sumat ij. sing. bihoriis ad effect.

R Infusi Sennæ ℥iv.

Sulph. Sodæ ℥ss.

Vin. Ant. 3ss.

Tinct. Caryophyllor. ʒij. M.

Sumat 4tam part. c. sing. dosibus pilularum.

8th. — The leeches drew so much blood, and the child seemed so weak, that the parents did not apply the blister. She took six pills and the whole of the mixture, which did not operate till the evening, and then a few scanty evacua-

tions, consisting of dark-coloured indurated faeces, were passed : but early on the following morning, an immense quantity of faeculent matter, of the colour and consistence of yeast, and which immediately ran into a state of active fermentation, was passed. Several evacuations of the same description succeeded, which seemed to exhaust the patient so much that she fell into a sound sleep, and rested tranquilly for three or four hours.

The tenderness of the epigastrium is considerably diminished ; the fulness of the abdomen much reduced ; the tongue still foul ; the thirst, pyrexia, and headach, nearly as before. The pulse hard, quick, and frequent. The symptoms of chorea somewhat relieved.

Admoveatur vesicatorium scrobiculo cordis quâ dolet.

9th.—The blister rose remarkably well, and discharged considerably. The general symptoms nearly as before. The bowels acted twice since last report, but the evacuations present a dark pitchy appearance something like treacle. The prominence of the abdomen is reduced, and the thirst not quite so urgent.

℞ Pil. Hydrarg. ʒss.

Ext. Rhei,

— Colocynth. utriusq. gr. xv. M.

Ft. pil. no. xij. ; sumat ij. alt. noctibus.

℞ Infusi Caryophyllorum ʒvj.

Sulph. Magnesiae ʒj.

Tinct. Card. Comp. ʒss.

— Jalap. ʒj. M.

Sumat coch. ij. amp. quotidie mane.

This plan was pursued for a fortnight, when, the gums beginning to look tumefied and somewhat red, the mercurial was omitted. By this time the evacuations had assumed a much more healthy appearance. The prominence of the abdomen was completely reduced, and the severity of all the symptoms much relieved. However, there still remained some irregular motions of the hands and arms, as well as a twisting, or rather writhing, of the body. The epigastrium still remained tender to the touch. Leeches and blisters were directed to be applied in alternate succession twice a week, applying from four to six leeches each time ; and also the following medicine :—

℞ Ext. Rhei,

— Col.

Saponis, sing. gr. x.

Ft. pil. no. viij. ; sumat j. sing. noctibus si necesse.

℞ Fol. Sennæ ʒj.

Artemisiæ ʒss.

Aquæ ferventis octarium.

Macera per horas duas; dein cola, et colaturæ adde Tinct.  
Cinchon. Comp. ʒij. Sumat ʒij. ter in die.

This plan was persevered in for a month, by which time the symptoms of chorea had completely disappeared. The thirst had ceased, the tongue became clean and moist, and the bowels regular. The headach, however, still continued intolerable, the nausea was troublesome, and the emaciation undiminished. The tenderness of the epigastrium was completely removed by the application of the leeches and blisters, which, after the first week, were applied only once in each succeeding week. Although the febrile heat was much reduced, yet there was a considerable hardness and wiriness of the pulse, which, however, was very small. She was directed to leave off all medicine for a week. However, the cephalæa still continuing urgent, and the nausea distressing the patient much, I thought I would try the effects of a small blood-letting. Accordingly, six ounces of blood were drawn off, from which considerable relief was obtained. The bleeding was repeated in the course of ten days, and she then took the following medicine:—

℞ Pulv. Rhei gr. j.

Tart. Ferri gr. ij. M.

Fiat pulvis ter in die sumendus.

℞ Infusi Aurant. Comp. ʒiv.

Tinct. Cascarillæ ʒij. M.

Sumat coch. j. amp. post sing. pulv.

At the end of a fortnight she felt so completely restored, that all medicine was discontinued; she rapidly recovered appetite and flesh, and at the end of four months from the date of her application she was completely recovered, and in the enjoyment of perfect health; nor had she any relapse.

*Remarks.*—The secondary nature of this disease must be evident to all. Indeed, it must also appear that but very little could have been effected by the nitrate of silver, in whatever doses given, in the treatment of such a case. The history of the case develops its nature and the proper mode of treatment. In the first place, the patient was attacked with hooping-cough; during the convalescence an attack of measles supervened. It is well known that the exanthemata tend very much to derange the glandular system, and I have no doubt that those of the mesentery suffered in this instance. The mucous surfaces of the stomach and alimentary canal became inflamed, as was manifest from the pain experienced

on pressure of the epigastrium and scrobiculus cordis. Thus, no doubt, the nervous system became preternaturally excited, giving rise to those irregular muscular motions termed chorea. It would be in vain to attempt to tranquillise the nervous system either by nitrate of silver or narcotics, before those morbid operations of the economy, whence arose the derangement of this system, were corrected. When this had been effected, there seems to have been but little else left for medicine to perform, as all the symptoms of chorea immediately disappeared.

## CASE II.

In the spring of 1823, I was consulted by a woman, named Mann, about her daughter, a thin, delicate-looking girl, about fourteen years of age, who was troubled with symptoms of chorea. There was a constant writhing of the body, with irregular motions of the limbs. When desired to put out her tongue, it was with the greatest difficulty she could keep it protruded for even a few seconds, and then it was rolled round as if licking the under lip and chin, in a manner not easily described, but which will be readily recognised by those who have been in the habit of examining patients afflicted with this complaint.

There was considerable heat of skin; pulse hard, full, and frequent; the respiration hurried and somewhat laborious. There was headach; thirst; foul, furred, and dry tongue; bowels irregular, the evacuations, when passed, being hard and very dark — nearly black. The urine scanty and high-coloured. The abdomen tumid and prominent, and, on examination, felt as if loaded. The epigastrium was tender to the touch, and the shoulder and neck frequently felt stiff and painful, as if from rheumatism. Catamenia nulla.

She had been suffering from these attacks of chorea for some time, and had been under medical treatment, from which she experienced temporary, but no permanent relief. The distressing symptoms sometimes subsided for a few days, but then returned again with increased violence.

I directed leeches and blisters to be applied in succession to the epigastrium, till all sense of tenderness on pressure was completely removed. Blue pill also, in alterative doses, was directed, to restore the healthy action of the liver; and an aperient pill of colocynth and soap to be taken every night, with a senna draught in the morning, till the alimentary canal was completely unloaded.

This plan she pursued for three weeks; but although the symptoms had mitigated very much, they were not completely subdued. Finding increased temperature, with a



hard, wiry, frequent pulse, and severe cephalæa, to prevail, I determined to practise a venesection and try its effects. This I directed to be performed, and the medicines to be continued as circumstances required. She was bled three times, to the extent of ten, eight, and six ounces; and the bowels becoming more regular in their action, the purgative pills were omitted. The colour of the fæces not becoming natural, the blue pill in the dose of ten grains, followed by an active senna draught on the succeeding morning, was directed to be taken every third or fourth night, as occasion required. In three months this girl completely recovered, menstruated, and has not since had any relapse.

*Remarks.*—This girl was employed in a silk manufactory, but I could not regularly trace the cause and origin of her complaint. I should be inclined, from my own observations, to attribute the dyspeptic symptoms to improper diet; but, notwithstanding the most particular inquiries, I could not satisfactorily establish this point. In the general directions, however, I was particular in pointing out the necessary restrictions, and I feel convinced my directions were attended to. The secondary nature of this case will scarcely be questioned. Whether the confinement necessarily connected with her employment could have contributed to impair her digestion, the imperfect history which I received would not enable me to determine.

### CASE III.

Thomas Viner, aged ten years; sallow complexion,—  
Henley Dispensary.

July 25th, 1823.—Applied labouring under symptoms of chorea. He also complained of cephalæa; hot, dry skin; thirst; foul, brownish, furred tongue; pulse frequent; respiration natural; bowels constipated; urine plentiful. The abdomen tumid, and felt full when compressed. Complained of no pain on pressure.

It appeared that this boy had been indulging in very irregular kinds of food; and from the account which the mother gave of the appearance and consistence of the evacuations, the digestive powers seemed to be much deranged.

Sumat pulv. jalap. comp. grana x. ad alvum deducendam.

R Aquæ Ammon. Acet. ʒjss.

Vin. Ant. ʒj.

Aquæ Font. ʒviij. M.

St. coch. ij. amp. sextis horis.

August 2d.—The medicine above prescribed has been continued without intermission, except the powders, which were only used when the torpor of the bowels seemed to

require it. A quantity of lumpy, curdy *feces* was passed by the action of the powders. The symptoms pretty much as before; but the mother reports that the evacuations have assumed a dark-green colour.

Sumat pil. hyd. gr. iij. alt. noctibus, et perstet usu pulverium prout necesse sit.

16th. — But little amendment having taken place, half an ounce of oil of turpentine was prescribed, and was repeated on the 20th.

The turpentine the first time produced considerable sickness, but on the 20th it purged the boy remarkably well. I was induced to give the oil of turpentine, because I had understood that he had taken this medicine previously to his applying to me, at the suggestion of my friend Dr. Dick (now at Calcutta), with considerable advantage; and no doubt, for a day or two after the operation of the oil, the symptoms remitted.

September 8th. — The symptoms still continue, and but little progress towards their alleviation has been made. The abdomen tumefies again almost immediately after the operation of purgatives. The cephalæa severe; the fever, with hardness of pulse, continues. The functions of the liver, too, seemed still deranged, and the bowels remain torpid. These circumstances induced me to try the effects of a small blood-letting; and, accordingly, I directed six ounces of blood to be drawn off, and the oil of turpentine to be repeated.

12th. — The patient seems much relieved; but the colour of the motions is still dark green.

Sumat pil. hyd. gr. v. alt. noctibus.

R Pulv. Rhei ʒss.

Sulph. Potassæ ʒj.

Tinct. Scillæ ʒij.

—— Jalap. ʒj.

Aquæ ʒvj. M.

Sumat coch. ij. amp. sext. horis.

29th. — Mouth sore; bowels act daily, but what passes is still dark and ill-coloured: the symptoms of chorea mitigated, but not wholly relieved.

Perstet usu pilulæ hydrargyri. Omitt. alt. med.

October 6th. — Mouth very tender; slimy dark-green stools.

Omitt. pil. hyd.; st. autem calomel. gr. iij. scammon. gr. ij. vesperi.

8th. — The symptoms being as before, the calomel and scammony were repeated.

10th. — As at last.

Mitt. sanguis ad ʒviij. Omitt. alt. remed.

15th.—Symptoms improved very much; bowels becoming regular, and the colour and consistence of the evacuations becoming more natural. The stomach, however, feels weak, and is easily oppressed.

Repet. V.S. ad  $\zeta$ iv.

℞ Pulv. Rhei gr. j.  
Absinthii gr. iij. M.

Ft. pulv. ter in die sumend.

℞ Infusi Aurant. Comp.  $\zeta$ vj.  
Tinct. Cinch. Comp.  $\zeta$ ij. M.

Ft. mist., cujus sumat coch. j. amp. c. sing. pulv.

Under this plan of treatment, the tone of the stomach was strengthened; the bowels became regular, only requiring occasionally an aperient pill; the evacuations became healthy in appearance; the symptoms of chorea disappeared; and the patient was discharged from the dispensary on the 27th October.

RELAPSE.—12th December, 1823. I was again requested to visit this boy, who had relapsed into his former state; but in the present instance the symptoms were much more severe. He could not sit up, but lay in bed, screaming with agony and pain on the least motion, which he could not restrain. The protrusion of the tongue gave him considerable pain, and he could not keep it out for even a few seconds; there was writhing and contortion of the body, and a perpetual motion of the limbs. The bowels were constipated, and the evacuations dark-coloured; headach distressing. No tenderness of the abdomen on pressure; urine rather scanty. Temperature of skin very little elevated; pulse frequent and small.

About a fortnight previous to this attack, I observed this boy in the street, indulging in some very improper kinds of food; and at the time I pointed out to the mother the impropriety of such irregularities, and expressed my conviction that he would be again attacked. The bowels being constipated and the evacuations discoloured, I prescribed the following pills:—

℞ Ext. Col. Comp.  $\mathfrak{z}$ j.  
Pil. Hyd. gr. x. M.

Ft. pil. no. viij.; sumat ij. alt. noctibus.

17th.—The pills operated well, but the evacuations still continue dark. The pain in the head almost intolerable; other symptoms as at last.

V.S. ad  $\zeta$ vj. Hirud. no. iv. sing. temporibus. Repet. pil. colocynth. et pil. hyd.

18th. — Was relieved by the bleeding and leeches, but passed a very restless night.

Sumat pulv. Dover. gr. x. aliter ut ante.

19th. — The Dover's powders seem to have disagreed.

R Argent. Nitratis gr. iv.

Ft. pil. viij. ; st. j. ter in die.

On the 21st the pills were ordered four times in the day, but the symptoms had not remitted up to the 24th.

24th. — Skin harsh, dry, and hot. The pain in the head very considerable. The chorea rather worse.

R Ipecacuanhæ gr. vj.

Sulph. Potassæ ʒij.

Ext. Hyoscyami gr. iv.

Syr. Papav. q. s.

M. et ft. pil. xij. St. j. 4tis horis. Omitt. argent. nitras.

25th. — A very slight remission.

Cont. pil. ; et descend. in bal. tepidum.\*

26th. — Some farther remission, but the headach very troublesome. The colour of the secretions rather dark ; but some ulcerous aphthæ appearing about the gums and in the fauces, I did not like to give mercury.

R Sulph. Potassæ ʒss.

Ext. Taraxaci ʒj.

--- Hyoscyami,

Conii, āā gr. vj. M.

Ft. pil. xij. ; st. ij. ter in die.

29th. — Has spent most intolerable nights, screaming out with pains felt in the head and all over the body.

Abradatur capillitium. Mitt. sanguis ad ʒvj. Admov. hirud. temporibus. Cont. pil. et balneum.

31st. — Better. Bowels constipated.

Admov. emp. lyttæ vertici capitis.

R Infusi Sennæ ʒviij.

Tart. Potassæ ʒj.

Vin. Ant. ʒj.

Tinct. Jalap. ʒij. M.

St. coch. ij. amp. 2dis horis ad alvum promovend.

January 5th, 1824, — The senna mixture purged him well, the blister rose very well, and he has been more tranquil since. On the first taking of the mixture, some dark-coloured matter was passed ; but afterwards, a great quantity of fermenting matter similar to barm or yeast came away. The bowels are now constipated, and the senna mixture does

\* This bath was rendered more stimulating to the skin by a plentiful addition of muriate of soda and vinegar.

not seem to exert its usual effects. The blister has ceased to discharge.

Cont. mistura, et iterum admov. vesicatorium vertici.

12th. — After the rising of the blister and during its discharge the symptoms remitted; but now that the blister has healed up again, the purgative powers of the mixture have but little effect.

Abrad. cap. et admov. emp. lyttæ vertici.

Blisters were applied in this manner every five or six days, till the 14th February, when a very considerable mitigation of the symptoms was effected. The bowels were kept soluble by the senna mixture already described. The pain in the head had completely disappeared; the pains generally diminished; and the early part of the nights was spent tranquilly, the patient enjoying refreshing sleep. There still, however, remained a harsh and febrile dryness of the skin, and the appearance of the evacuations indicated a faulty action of the liver.

R Pil. Hyd. Submur. Comp. 3j.

Ft. pil. xij.; st. j. sing. noctibus. Utatur balneo calido bis inter hebdomad.

It was found that the Plummer's pill oppressed the stomach, giving rise to nausea, followed by headach, vertigo, pervigilium. There was no tenderness of the epigastrium.

Admov. emp. vesicans epigastrio, et cont. pil.

R Infusi Aurant. Comp. 3vj.

Tinct. Cascarillæ,

Spir. Camph., āā 3ij. M.

Dein cola, et sumat coch. j. amp. ter quaterve in die.

By continuing the bitter infusion, and blistering occasionally the region of the stomach, the strength of this organ was so far restored that it could bear the Plummer's pill till the liver was restored to its healthy action. The patient was perfectly recovered, and was discharged cured on the 10th March, no one symptom remaining; nor has there been any relapse since.

*Remarks.* — This is an interesting case, as fully proving the dependence of the chorea upon the state of the digestive organs. In the first report, it will be observed that the bile was unhealthy, requiring the use of mercury. This mineral was given till it excited ptyalism, but yet the biliary derangement continued. When this is the case, the proper treatment consists in the abstraction of a small quantity of blood, which frequently, under such circumstances, proves fully adequate to restore to the liver its healthy action, without further aid from mercury.

Upon the second occasion the symptoms were more urgent, and the treatment seemed to exert less influence upon their severity. This, indeed, is consistent with general observation in relapses, be the diseases what they may. When, by medical treatment, the constitution has been enabled to shake off a disease, the system is always left in a much weaker state, and so much the more susceptible of the impressions from morbid operations. Hence the symptoms in relapses are both more severe and more intractable. This proved the case in the present instance. Indeed, I at one time entertained serious apprehensions for the termination of this case, and the mother, I believe, gave her child up for lost.\* Venesection and leeches appeared to have but little effect upon the head; and in this hopeless state I thought I should try the effects of successive blisters to the vertex. They fully succeeded. The dry, harsh state of the skin led me to the employment of the warm-bath. There seemed to be a preternatural irritability which forbade the use of opium—even the Dover's powders disagreed.

Upon the yielding of the symptoms, the liver again indicated derangement, and this, I believe, independently of any impropriety in diet, &c., as I am convinced they adhered strictly to my directions. However, the stomach had suffered so much, that the Plummer's pill oppressed it, and thus threatened a return of the urgent symptoms. This was manifest from the nausea, vertigo, cephalæa, and pervigilium. To have discontinued the use of the mercury would have been to re-induce the distressing symptoms, through allowing the faulty action of the liver to exert its pernicious influence upon the system. Experience has fully confirmed me in the opinion, that such cases are best managed by blistering the region of the stomach, if there be no local tenderness on pressure, and by giving a light bitter, by which the tone of the stomach is so far increased that it will bear the exhibition of the mercury in the requisite quantity. This proved the case here, as will be seen from the report.

It will be seen, also, that I tried the nitrate of silver, and in rather active doses. This I was led to do from having frequently seen much larger doses given to young persons when the bowels have been loaded or inactive, without any unpleasant effects. It seemed to exert no influence whatever over the disease, and was omitted on the 24th, after five or six days' continuance. I have seen the nitrate of silver prescribed without the slightest advantage in cases of epi-

\* This boy's brother died with symptoms of phthisis pulmonalis, and his sister is a most miserable martyr to spinal disease.



lepsy, which have at last yielded to a steady perseverance in the means suited to the relief of indigestion. Crumb of bread seems to be the best vehicle for the administration of nitrate of silver; and care should be taken to prohibit the use of muriates, especially muriate of soda, during its exhibition. The reported efficacy of the nitrate of silver in epileptic and other nervous diseases, and the manifest derangement of the nervous system in chorea, probably led to its employment in this latter disease. But enough has been proved to shew that this mineral preparation could have no other influence in cases of the above description except as a dyspeptic remedy; and its powers in this complaint, though highly extolled, seem to me at least very questionable. I shall now relate a case of puerperal chorea.

#### CASE IV.

Mary Woods, aged thirty-six, lately married.

April 17th, 1817. — Suffers severely from symptoms of chorea, being unable to nurse her child, which is six weeks old. During her pregnancy she felt very unwell, and was often troubled with hysterical paroxysms. She now complains of flatulence; the abdomen feels tense and tympanitic, and her bowels costive. Tongue moist and tolerably clean; urine pale, and very plentiful. Pulse small and frequent, otherwise natural. Abdomen no way tender on pressure; but severe spasmodic pains in the region of the uterus. Lochial discharge has ceased.

During her pregnancy she was much distressed with nausea, flatulence, and spasmodic pains in the region of the uterus. Her labour was tedious, but otherwise favourable. Immediately on her delivery, the curtains of her bed were accidentally set on fire, by the awkwardness of one of the attendants holding a candle, which accident agitated and disturbed her very much. Two or three days afterwards she was seized with chorea, which has continued ever since. She nurses her child, but cannot venture to hold it in her arms without lying down on the bed.

R Ext. Col., Pil. Al. c. Myrrha, utriusq. ʒj.  
Saponis, gr. x. M.

Ft. pil. x.; sumat ij. sing. bihoriis ad effect.

18th. — Took six of the pills before they operated. They griped her very much, but she now feels easier. The spasmodic pains in the region of the uterus very severe, and the motion of flatus in the intestines distresses her much.

R Pil. Saponis c. Opio ʒss.

Ft. pil. no. viij.; sumat j. sing. trihoriis usque remiserint dolores spasmodici.

R Infusi Caryophyllor. ʒvj.

Tinct. Card. Comp.

Spir. Ammon. Aromatici, utriusq. g<sup>tt</sup> x. M.

Ft. haustus urgente flatu sumend.

20th. — The spasms have been much relieved; the flatulence nearly as before; bowels costive.

Omitt. pil. opii; sumat pil. aperientes ut ante, et perstet usu haustum.

23d. — Improving. Some slight pains have been felt in the region of the uterus. The abdomen becoming softer and less tense; the bowels free. — Perstet.

30th. — The symptoms very much relieved; those of chorea now evidently abating. Occasional spasms in the uterus; the flatulence has nearly subsided.

R Pil. Al. c. Myrrha,

Ext. Hyoscyami, utriusq. ʒj.

Pil. Saponis c. Opio gr. x. M.

Ft. pil. no. x.; st. j. ter in die, et descendat in bal. tepid. decubitus itura.

The above plan, with occasional intermissions, was pursued till the end of May, when, all the symptoms having subsided, she took the compound infusion of gentian for three weeks, when my attendance ceased, she not having a single symptom of her complaint.

*Remarks.* — The secondary nature of this case must be evident. She married late in life, and the functions of the uterus having remained in inactivity for so long a period, no doubt, affected the nervous system. The sudden fright, from the apprehension of being consumed at so interesting a period, and one, too, at which the nervous system is so peculiarly irritable, in all probability contributed much to the attack. Chorea was the consequence. By tranquillising the nervous system, obviating flatulence, opening the bowels, and thus quieting the irregular uterine actions, all the untoward symptoms gradually disappeared, and the patient ultimately recovered.

#### CASE V.

Miss L., a delicate-looking young lady, aged fifteen.

May 10th, 1820. — Has been very much distressed by paroxysms of hysteria. These paroxysms began about thirteen months since, and usually attend once a month, sometimes twice, being generally preceded by pains in the back, and a sense of weight with a fulness in the hypogastrium, as if the period of the catamenia were approaching; but this passes over with an hysterical paroxysm, she not having yet menstruated.

About three months since she was first attacked with symptoms of chorea, which have continued ever since. There is a permanent tenderness in the region of the uterus, and an evident fulness of the part. The bowels constipated; tongue foul and furred; respiration hurried and laborious; febrile heat of surface, with a quick hard pulse. Not much thirst; the urine pale and plentiful, but sometimes of a milky or whey colour. The alvine evacuations seem to be natural in colour, but their consistence is hard, dry, and costive.

This young lady had been taking bark and steel, under the impression of weakness; but she did not seem to derive any benefit from these remedies. When she came under my care I had ten ounces of blood drawn from the arm, and ten leeches applied to the hypogastrium; and colocynth pills, with infusion of senna and tartrate of potass, were directed to be taken in proper doses till the bowels were freely purged.

11th. — As before. — Cont.

12th. — The bowels were freely purged yesterday, and the patient seems better. The tenderness of the hypogastrium still very sensible, but the fulness is diminished.

Iterum admov. hirud. et postea vesicatorium, et descend. in bal. tepid.

R Pulv. Antimonialis ℥j.

Opii gr. iij.

Ext. Hyoscyami gr. x. M.

Ft. pil. no. xij.; sumat j. tertiis horis.

15th. — The feverish and other symptoms much reduced; the chorea very much abated. The antimonial makes her sick and purges her.

Perstat usu pilularum sextis horis.

R Infus. Aurant. Comp. ℥iv.

Tinct. Rhei ℥ij.

Spir. Ammon. Aromat. ʒss. M.

St. coch. j. amp. ter in die.

The interval between the taking of each pill was thus gradually increased, the depressing effects upon the stomach being counteracted by the bitter infusion, till their use was at last wholly suspended; and on the 25th she menstruated, and the chorea speedily disappeared under the use of a gently laxative medicine.

*Remarks.* — The speed and ease with which this case yielded, led me to suspect that the symptoms were induced by the improper exhibition of stimulants, from the mistaken notion of debility being the most prominent feature of the

complaint. This patient remained under my observation for a year and a half afterwards, and there was no relapse.

It is unnecessary to extend this report, as enough has been already stated to shew that chorea is frequently of a secondary nature; and then it is always relievable if the primary disease has not attained an incurable degree of severity. I am far from asserting that chorea never exists as the primary effect of some organic derangement of the nervous system, but in such cases I fear medicine can do but little. Thus, I witnessed three cases in which chorea preceded severe epilepsy. In these no plan of treatment — and almost every variety was adopted — succeeded. One of these three terminated fatally by apoplexy.

With respect to the treatment of chorea, it must entirely depend upon the nature of the diseases with which it may be complicated. In those instances in which nitrate of silver has been successful — for I by no means doubt the fact \* — it must, in my opinion at least, have acted as a dyspeptic remedy. So I remember the case of a young lady who had been severely afflicted with this disease, and in which every plan of treatment had proved unsuccessful, but which at last yielded to the oxide of bismuth. In this case, it was clearly ascertained that the chorea was complicated with dyspepsia, which latter was regarded as the cause of the former complaint. But no plan of treatment previously adopted seemed to exert much influence on the disease: certainly the symptoms were occasionally relieved, but these remissions proved merely temporary, the symptoms again and again recurring with all their former violence.

These facts would lead us to conclude that there are peculiar circumstances in many cases of disease, too subtle or obscurely developed for our perception, but which yet exert sufficient influence over the symptoms to render them obstinate and intractable to the general plans of medical treatment. How else is it that we find similar diseases, and manifesting, to all appearance at least, precisely similar symptoms, tractable in one individual and intractable in another?—and, again, those which have proved intractable to the most approved modes of medical treatment frequently yield to the powers of a medicine which could never have been suggested, in the present state of medical science, upon

\* If I had entertained a single doubt upon this question, Dr. Crampton's Paper in the Transactions of the Dublin College, &c. would have been fully sufficient to remove it.

the legitimate principles of therapeutics. Empiricism frequently develops the powers of remedies, and science afterwards discloses the theory of their action. But medical science is not the only one indebted for its improvement to this blind groping (if I may venture so to express myself); for on examining into the general history of all arts, we shall find that the improvement has often preceded the knowledge of its theory. But even here science claims the victory; for although blind experiment may assert a claim to invention, the assistance of science is generally essential to render it efficient and useful to the purposes of society.

Whoever, then, can detect those minute and, at present, obscure and unintelligible circumstances which give to similar diseases their obstinacy of character, would be fully entitled to the thanks of his profession, and would confer an everlasting obligation upon mankind in general.

I have endeavoured to point out some sources of obstinacy which have not, perhaps, been understood so generally as might be desirable. Thus, it often happens that mercury is required for the cure of hepatic disease, and hence salivation, after salivation is excited, to the material injury of the patient's health, and without in the least degree benefiting the local affection. A timely blood-letting would have rendered the mercurial efficient, and have prevented the necessity of salivation, and thus saved the patient's health. It sometimes happens that even bleeding will not render the system susceptible of the salutary impression of mercury; and thus the required action is not attained, while the deleterious one is called into active operation. Instances of this description might be quoted without number; and in some of the cases just now related, had not means been adopted to counteract the injurious effects of the mercury, the same unpleasant consequences, no doubt, would have resulted. As may be seen from the preceding report, mercury often oppresses the stomach. This effect often obliges us to suspend its use; but, at all events, it frequently prevents the impression upon the organ to which we wish to direct its exciting or salutary influence. This inconvenience I have found to be most readily removed by combining the mercury with some light, grateful, and aromatic bitter, or by giving a draught of a similar bitter infusion about an hour or so before the mercurial. When these fail, blistering the region of the stomach is often useful, and, indeed, generally succeeds. At the same time, care should be taken to keep up the regular peristaltic motion of the intestines. If the mercurial should be found to excite the bowels painfully, pro-

ducing griping and purging, opium, or, if this disagree, some other narcotic, may be advantageously combined with it.

It is of the utmost consequence, in the treatment of chorea, to keep the bowels regular; and, indeed, rather a freer action than usual should be excited at this period. Loaded bowels have often, in delicate and susceptible nervous temperaments, seemed to be the sole and only ostensible exciting cause of chorea. In such cases, unloading the bowels seems to act like a charm. Cases of this description I could have related, but they did not appear to be of sufficient interest to justify me in extending these observations.

In a loaded state of the bowels, it will be necessary, in prescribing our remedies, to determine the portion of the canal which is inactive. The fault may be in the small or in the large intestines, and even in a part, of small extent, of these. By adopting our purgatives, either by selection or by combination, we shall frequently succeed, when without these precautions we should fail. Instances of this nature must be familiar to every Practitioner extensively engaged in the exercise of his profession, and it is therefore unnecessary to particularise them. I shall now, therefore, bring this paper to a conclusion, reserving, however, to myself the right of resuming it again at some future period.

Henley-upon-Thames, 30th March, 1825.

### III.

#### *Observations on the Treatment of Pulmonary Disorders.*

By A. RENNIE, Esq., Surgeon, &c.

THE belief of the incurable nature of disorders of the lungs resembling phthisis is so universally prevalent, that he who ventures to question its justness is very liable to imputations on his judgment or his intentions. Yet it must be admitted that such an impression respecting any disorder is calculated to produce the most unfavourable effect on medical practice; and he who adopts it on slight or inadequate grounds pursues a course certainly more unphilosophical and infinitely more derogatory to the dignity of the Profession, as well as detrimental to the advancement of medical science, than even he who, in ignorance and inexperience, in despite of conviction and against hope, continues the unavailing combat with disease and despair.

The one permits a hasty impression — a conclusion founded, it may be, on erroneous, at all events on uncertain



data — to restrain his endeavours in behalf of a suffering fellow-creature, and in passive inactivity prematurely consigns over to unarrested disease the anxious invalid, who looks to him for relief; the other, sedulously plying every avenue to hope, overlooks no opportunity, neglects no one measure which can, in the remotest degree, conduce to the alleviation of suffering, the protraction of existence, or, by possibility, to ultimate recovery.

I am not unaware of the argument usually advanced by a certain class of pathologists, the morbid anatomists, in support of their scepticism, as to the efficacy of therapeutics, and of the peculiar force with which that argument applies to phthisical disorders. The patient affected with cough, expectoration, and other pectoral symptoms, is calmly consigned to the slow ravages of hectic and consumption. He dies — a matter of course; an inspection takes place; the lungs are found studded with tubercles. The pathologist asks, in significant triumph, what possible good could medicine have done in such a case? By what treatment could such an organ have been restored?

Another case occurs. The invalid manifests precisely similar symptoms. He has cough, expectoration, wheezing in the chest, dyspnoea, emaciation, and exquisite hectic. He is treated, as before, by palliatives. He dies. On inspection, the lungs are found generally sound, with the exception of an ulcerated spot of more or less extent in the bronchial membrane, and some hepatisation in the adjacent texture. We are forthwith informed, that an ulcerated or thickened condition of the bronchial membrane, with purulent secretion, is a fatal disorder, even although the lungs are otherwise sound; that, in fact, there is very little difference from the last, either in the symptoms or prognosis of such a case, and there can be none in the therapeutics — medical treatment is alike unavailing in both.

Without at all under-estimating the importance of morbid anatomy, one is almost tempted to doubt whether, when carried to the unwarrantable length of introducing such paralysing scepticism into medical science, it is not productive of much more extensive and serious practical evils, than of real advantage.

And yet, in endeavouring to combat conclusions so injurious to the interests of therapeutical science, as well as so decidedly at variance with the welfare of society, no small difficulty is experienced in framing a satisfactory reply. Hundreds, nay thousands, of cases are day by day occurring exactly as above described. Indeed, it is a well-established

fact, that in this country alone the annual number of deaths by pulmonary consumption exceeds 50,000.

In such an appalling index of mortality, the morbid anatomist has undoubtedly the most ample field for observation; and apparently an incontrovertible basis for the induction that diseases of the lungs consisting of ulceration, or purulent secretion, or tubercular formations, are necessarily and inevitably fatal. When it is considered, farther, that in every individual case of the above solemn catalogue, more or less of medical skill has been resorted to and found unavailing, the Practitioner, so frequently baffled in his attempts at cure, is almost constrained, however reluctantly, to regard every new case occurring with similar symptoms as being equally hopeless with those which have preceded, and, ultimately, to subscribe to the truth of the conclusion, that consumptive disorders are as really beyond the reach of remedy as morbid anatomists have declared.

There is a manifest fallacy in this mode of reasoning; and as the subject is of the most momentous importance, it is also important that every conclusion which is thus admitted be rigidly examined, in order to ascertain how far it is founded on legitimate premises.

Before we concede to the morbid anatomist that a tuberculated lung is necessarily incurable, we are entitled to ask, by what direct method can it be proved that tubercles once existing in the lungs of a living subject cannot possibly be absorbed, and the healthy texture restored? There is no mode of incontrovertibly demonstrating this point. This being the case, who can limit the powers of vitalised texture in self-restoration? The conclusion, at all events, that tubercles or ulcerations of the lungs are incapable of restoration, is founded only upon indirect induction, and amounts, in fact, to nothing but conjecture—a conjecture, however, it must be confessed, founded on a very wide basis of observation.

There is but one direct method of disproving the soundness of the pathological inference that pulmonary disorders are incurable, and, by consequence, of obviating the injurious influence of such an impression on practice; and that is—by an appeal to facts. If it can be established that, in cases where, from the attendant symptoms, the same reasons have existed for inferring incurable disorder of the lungs to exist as in the case of those who die—yet these invalids have, under any given treatment, gradually lost these serious symptoms, and, at length, have ultimately recovered—an argument, it is submitted, is made out, not only in

favour of the possibility of cure in pulmonary cases, but subversive of every just ground for despair.

So long as a single case of recovery can be adduced in unpromising circumstances, and with decided symptoms, every imputation of inexperience or of undue enthusiasm which is apt to be made against well-meant endeavours in an apparently hopeless cause may, with increased force, be retorted on its authors, who, leaning to fancied experience, and influenced by a prejudice unworthy alike of philosophy and humanity, leave every unfavourable case unaided and to its own fate.

Those who found their gloomy prognostics on the results obtained by *post mortem* inspections, come very far short of any title to depreciate the efficacy of means, till they put us in possession of unequivocal symptoms whereby to discriminate between cases which are incurable and those which are not. To tell us, after death, that such a case was necessarily incurable, and medical means were absolutely to no purpose, is saying nothing at all — we know it already. Death has occurred — means have been baffled.

We require a certain means of diagnosis before we can admit absolute despair in any one case. These means no morbid anatomist has as yet supplied. The utmost that yet has been attained is this, when a patient has died with phthisical symptoms, we are told the disease was necessarily incurable, and we are shewn the cause — an ulcerated lung. When a patient with nearly similar symptoms has recovered, we are told the lungs could not possibly have been affected; but no proof is offered. Amid the great number of cases that do terminate unfavourably, the conviction has unfortunately become too generally prevalent, that wherever symptoms of pulmonary disorder do appear, the case is hopeless, and the invalid has nothing left but to prepare for the grave.

Yet no medical observer can deny the fact that recoveries, under the most unpromising circumstances, have occasionally taken place.

The following cases are detailed both with the view of illustrating the injurious tendency of premature despair, as proofs of possible recovery under circumstances apparently decidedly unfavourable, and as exemplifications of certain practical principles in therapeutics perhaps not duly appreciated in such cases. If any pathologist can suggest grounds of discrimination between the symptoms exhibited in these cases, and those manifested in other cases usually regarded as hopeless, and ultimately terminating in death, an important service will be rendered to medical science.

W., a young man, aged about twenty-four, tall, broad betwixt the shoulders, but very thin in the chest and flat-breasted; family consumptive, two sisters having died of that disorder, and one of his parents; nails crooked.

For some months has felt unusually languid, with aching pains, fever, thirst, and wakefulness at night; nausea and headach in the morning, and retentive bowels. Feels particularly tight and oppressed at chest; short breathing; unusual liability to cold, with habitual tight, dry cough. These symptoms gradually increasing, with progressive emaciation. He was, on one occasion, from exposure to cold, seized with shivering, subsequent fever, violent fixed pain in the left chest, and difficulty of inspiration. For these symptoms he was bled, blistered, and purged, by his Apothecary, under whose care he continued for a considerable period, restricted to a very low diet, and occasional saline purgatives.

Though the urgent symptoms were abated, the cough had gradually increased, with frequent expectoration of matter occasionally streaked with blood, emaciation; evening fever, and night perspirations. He was regarded as decidedly consumptive.

When I first saw him, he complained particularly of tightness of breathing; sense of pain and pressure at the sternum; frequent deep-seated wheezing and constant tickling in the chest, provoking continual cough, which is much aggravated on attempts at full inspiration. He is very much emaciated, the countenance having a peculiar shrunk contracted aspect, with sinking of the temples and softer parts, and great prominence of the cheek and other bones. The expectorated matter occasionally tinged with blood apparently purulent, partly pendulous in water, partly sinking to the bottom, where it lies in solid granular and detached flakes. Pulse tense, contracted, 100 to 110, irregular on inspiration. Bowels confined. Tongue furred, red at edges, and feels tender.

No. 1. R Hyd. Submur. gr. iij.

Confect. Scammon. gr. ij. M.

Ft. pilula statim capiend.

R Infus. Sennæ ℥jss.

Pot. Tartr. ʒvj.

Antim. Tart. gr. ij.

Tinct. Senn. Comp. ʒiv.

Aq. Aneth. ℥iij.

Spir. Myrist. ʒiij.

Syr. Rhei ʒvj. M.

Ft. mist. Cap. coch. ampl. horis 2dis, donec nausea supervenerit, vel alvus copiose se dejecerit.

R Empl. Picis B. p. vj.

——— Lyttæ p. j.

Ft. empl. calefaciens pectori continuè applicand.

℞ Tinct. Camph. Com. ℥iv.

Vin. Ipecac. ℥ij.

Aq. Puleg. ℥iss.

Syr. Scillæ ℥ij.

Mel. Ros. ℥ij. M.

Ft. mis.; cap. cochl. mod. tussi urgente, vel post alvus copiosè defluerit.

Within a few days the aperient means to be repeated; the cough mixture in the interim, as occasions required.

After this the following course:—

℞ Pilul. Hyd. gr. iij.

Extr. Col. C. gr. ij.

Ft. pil. noct. quartis capienda.

No. 2. ℞ Pulv. Rhei gr. xv.

—— Magn. ℥ij.

—— Aromat. gr. vj.

—— Ipecac. gr. j. M.

Ft. pulvis auroris posteris sumendus.

Intermediate nights a diaphoretic pill at bed-time, and sedatives for the cough, as indicated.

To be much in the open air. Diet—animal soups, jellies, milk, and the farinaceæ.

After a few weeks of this course the urgency of the pectoral symptoms considerably abated; the alvine functions much improved; appetite, digestion, and sleep, were also better; but nocturnal perspirations continue; and without much improvement in respect of emaciation. Treatment continued; diet to consist of animal food, solid, once or twice daily; with a digestive pill to obviate gastric inactivity and fever.

Several weeks being elapsed, complains still of deficient appetite and general debility. In other respects somewhat improved.

3. ℞ Decoct. Lichen.

Syr. Sarsap. āā ℥vj.

Acidi Sulph. Dil. ℥ij. M.

Ft. mistura, cap. cochl. ampl. mane et meridie aq. dilut.

This addition evidently agrees. A short period being elapsed, I was sent for at midnight, the patient having been suddenly taken so ill as to believe himself dying.

It appeared that two days before, from exposure to wet, he had caught a severe cold. When I saw him there had been much chilliness and shivering previously, and sense of faintness; after which, febrile exacerbation, thirst, heat, difficulty of breathing, pain on inspiration, constant cough. Pulse tense, above 100; and considerable cerebral excitement.

The natural suggestion was venesection. This, however, in existing constitutional debility, was dispensed with.

Habeat pilul. et mist. ut imprimis præscriptæ, donec nausea supervenerit. Post alvus defluerit, cap. pilul. pulv. Doveri donec sudor copiosè evaserit.

By these antiphlogistic measures the urgent symptoms subsided in a few days, and immediately afterwards the former invigorating measures were renewed.

Finding, after a short probation, that under this system the general health was somewhat amending, and the pectoral symptoms easier, he was recommended country residence, with the following regimen:—

To be in the open air on horseback from morning till evening in fine weather. To adopt a nourishing diet of milk, farinaceæ; animal soups and solids twice daily.

The bowels to be relieved freely every third or fourth day, with *presc.* 2. The *mixt.* 3 to be continued, and the cough mixture as requisite.

Two months or so elapsed when the patient wrote me from Nottinghamshire that he had strictly pursued this regimen. The hectic fever and perspirations had entirely left him, with general improvement in health. The occasion of his writing was another severe attack resembling pulmonary inflammation, for which he resolutely refused being bled, according to the urgent wish of his medical attendant. He, however, consented to a blister and prescription No. 1; by which means the paroxysm subsided, without depletion, against which I had strongly cautioned him.

After this he improved rapidly; suspended all medicines, but an occasional mild aperient. Within four months of his leaving town he returned as vigorous and healthy as at any period in his life. He had, in fact, gained so much in muscular substance, that his former wearing apparel was useless. Two winters have since passed without any relapse, and a brother has died of phthisis in the country.\*

*Remarks.*—In this patient the symptoms were decidedly characteristic of phthisis, which disorder may be presumed constitutional, from the fate of the other members of his family. *Quære*, What would have been his fate if, in existing constitutional debility and progressive wasting, he had not adopted an invigorating course? Upon what principles may the beneficial effects have been produced?

1st, Excitement of the hepatic and alvine functions.

2d, Allaying general excitement of the circulation, promoting diaphoresis.

3d, Allaying pulmonary irritation, promoting free expectoration.

4th, Habitually promoting, in a mild and equable manner, the digestive and alvine functions.

5th, Supplying adequate nutriment, proportioned to the

\* The patient's brother was recommended to try sulph. quinine on the last stage of hectic, with decided benefit—indeed, with a temporary suspension of the disease.



demands of a system much reduced beneath the standard of health and vigour.

6th, Air and exercise, conducive alike to healthy pulmonic and digestive functions, and, by consequence, in the most direct and essential manner, to animal vigour and health.

The two essential concomitant indications appear to be — to counteract general excitement and local irritation; to maintain and restore general constitutional vigour. Either of these intentions put in execution, without due reference to the other, must necessarily be prejudicial.

How extremely common in pulmonary cases is the practice of pursuing debilitating depletion, and debilitating starvation, with the view of subduing a disorder essentially dependent on, or, at least, associated with debility! This observation is exemplified in the following case : —

K., a young man, aged twenty-three, engaged in active business, middle size, rather slender, has generally enjoyed good health, though evidently scrofulous; of late much more easily fatigued than usual; appetite deficient; liable to headaches, and to colds from slight exposures; breathing somewhat short, and an habitual tickling cough has been contracted; considerable debility. After using medical means for some time without much benefit, he is recommended country air. On his way to his native country, he is taken so ill as to be unable to proceed. The symptoms indicating pulmonary inflammation, he is largely bled, with ultimate relief. After eight or ten days, he resolves to return to London, though very weak, with fever, cough, and dyspnoea.

On his arriving in London he becomes rapidly worse; difficulty of breathing extreme; cough incessant; severe pain on inspiration; face flushed; skin hot and dry; pulse above 100, tense, and hard. He is bled, blistered, and freely purged, with decided relief; but is very weak, with cough and considerable expectoration. It is now found he has hectic fever.

Debility and emaciation progressive; appetite deficient; deep-seated wheezing; night perspirations; expectorated matter apparently purulent, sinking in water in loose granulae and condensed flakes; chest much contracted; shoulder-blades projecting behind; dyspnoea so great that he is unable to walk across the room; cough tight, short, and constant; looks extremely emaciated; sallow complexion; shrunk, contracted features; occasional flushings; pulse above 100, weak, compressed, irregular; bowels rather free, and much irritated by any aperients.

An anodyne diaphoretic for the cough. Empl. calefaciens pectori; mild aperients every third day; calumba during the intervals.

Appetite and strength still very deficient; other symptoms little better. Recommended to try Brighton air, and to persevere in the above treatment.

After a short period he returns to London without material benefit; cough less frequent; breathing easier, and strength somewhat recruited; but expectoration, emaciation, and hectic, continue.

A mild mercurial is now prescribed every second night, and a diaphoretic alternately, evacuating the bowels every third or fourth day; wine twice daily, with solid animal diet; and to be in the open air continually. Under this system considerable improvement manifested itself; appetite better; he gains in strength; walks more erect; but pectoral symptoms continue.

Recommended to repair to his native air; to live out of doors; animal diet twice daily, in a solid form, and milk and farinaceæ night and morning.

To use the mercurial and aperient every third or fourth evening; a mild tonic every midday; and anodynes, as the cough and dyspnœa require.

Within a few weeks he returned to London, almost free from every symptom. The chest erect, expanded; the cough almost entirely gone; the breathing nearly natural: general vigour and *embon-point* indicate returning health.

This case requires no comment. It is plain that the pursuance of the abstinent plan, to subdue the cough and pectoral symptoms, would only have contributed to maintain both, by increasing general debility; and incurable ulceration might have ensued. The nutrient and invigorating system was unquestionably the main instrument of restoration.

*Digitalis* or prussic acid, to reduce the pulse and unnerve the stomach; sulph. magn. to evacuate the bowels and reduce fever; and milk and vegetables to prevent it — what would have been the result? What would be the result on a vigorous and healthy constitution?

The following case is illustrative of the same principle:—

H., aged about twenty-nine, very tall, somewhat athletic, but rather under the proportionate capacity of chest, has generally enjoyed good health; but, being actively engaged in extensive mercantile affairs, has of late been more than usually subject to languor, lassitude, febrile irritability, and to take cold from slight exposures; has contracted an habitual hacking. Has undergone a mild mercurial course a few months since, under secondary syphilitic ulceration.

After a few active days' exercise, under occasional exposures to wet, felt very unwell, with feverish wakefulness at night. The uneasy symptoms increasing, with cold, shivering, oppression at chest, subsequent fever, and pain on inspiration, is compelled to send for medical assistance at midnight. It is found he has violent inflammatory fever, with pulmonary congestion. By copious venesection, the acute symptoms are controlled; and his cough, formerly dry, is now attended with expectoration tinged with blood. The blood drawn has been very buffy.

The cough and expectoration continuing, notwithstanding active

measures adopted by the Apothecary, it is judged advisable to have farther advice. An experienced Physician, who is called in, believing the lungs to be in progress of ulceration, considers immediate recourse to country air indispensable, and recommends the West of England, the adoption of spare diet of milk and vegetables, and entire abstinence from animal food.

These measures are immediately adopted; but after a lapse of some weeks, the symptoms go on increasing, especially the cough, pain at chest, expectoration, attended with debility and copious night perspirations. In these circumstances, the patient, now at Bath, is advised to consult a Physician in Devonshire, of extensive experience in chest disorders. On arrival there, copious venesection is judged necessary, which, from the urgency of the pectoral symptoms, is repeated to the third or fourth time within a few weeks, with a low fever diet, and other antiphlogistic means. Notwithstanding such active measures and the advantages of pure air, the patient loses ground daily; strength decreases; night perspirations more copious; breathing more tight; cough much aggravated, with pain in the left chest, and increased expectoration, which is considered decidedly purulent.

He is now given to understand his case is hopeless. His Physician advises him in the strongest manner immediately to return to London, and take his passage to Barbadoes, as affording the only possible chance of recovery.

Resolved to put this advice rigidly in exercise, although at the most serious sacrifice of his mercantile interests, the invalid returned immediately to London. On his arrival, my opinion was requested on his case.

The symptoms were then as follows:—He was extremely emaciated; countenance shrunk, pallid, dejected. He was sitting with the chest bent forwards and contracted; shoulder-blades projecting greatly behind; complained of much tightness, sense of soreness and oppression at chest, especially at the left side; with constant tickling cough, difficult expectoration, and deep-seated wheezing. His nights much disturbed with cough, and he awoke usually bathed in perspiration; can hardly speak above a whisper without exciting cough; bowels confined; pulse weak and quick, considerably above 100; much debility; stoops much and is incapable of exercise; expectoration apparently purulent, mixed with condensed flakes sinking in water.

Having agreed to act as directed, he was ordered an alterative evacuant; after which, mild diaphoretics for a few days; and to adopt a more nutrient diet of animal soups and jelly. The cough was controlled by an anodyne mixture, so as to permit more sleep, and the bowels evacuated every second morning. In a few days his diet was improved farther, and consisted of solid animal food, thrice daily, avoiding vegetables: to use milk. This change from the starving system he adopted with much reluctance, being strongly impressed with the belief that nourishment in any form would certainly aggravate the cough and fever.

Within a few days after the change of regimen this effect did ensue:—The cough, which at first was relieved all at once, increased very much, the expectoration becoming more copious than ever. This effect was attributed to the full diet, which he immediately relinquished. An active mercurial aperient was now prescribed, and thereafter a diaphoretic; immediately on which the animal diet thrice daily was again resumed.

Under this system the general strength gradually became restored; the pulse firmer, less frequent; breathing considerably easier, though he still complained of his left lung. He was now able to leave his chamber and take short walks. The appetite and digestion improved.

By pursuing the invigorating system, with occasional intermissions to counteract exacerbations of fever, to which he was liable, the unfavourable symptoms gradually subsided, whilst health and strength were much improved. He, of course, relinquished the purpose of going abroad, and is now engaged in his business. The chest has again become expanded and erect; he is plump, muscular, and vigorous; and, with the exception of a slight expectoration and susceptibility to colds, which are gradually amending, he is in perfect health.

*Remarks.*—The practical principle here suggested is the unfavourable influence of debility induced by excessive depletion in pulmonary cases. However necessary and beneficial venesection may be to control active pulmonic inflammation, this treatment, when afterwards pursued, so far from removing the consequent disorder, whether consisting of ulceration or purulent secretion, is a certain method of maintaining it in such association with constitutional debility as is very unfavourable to restoration. The reason is obvious from various considerations. Apart altogether from the importance of a due supply of healthy blood to support the vitality of the different textures throughout the system, the mechanical distension of the pulmonary vessels by the circulating fluid appears essential to the due relative capacity and healthy functional activity of these organs. Any extraordinary diminution, therefore, of the circulating mass beneath the healthy standard, must necessarily occasion proportionate collapse of the pulmonary texture, contraction of the parietes of the chest, and such structural derangement as is extremely prejudicial in existing congestion or local morbid action.

These effects are increased materially by abstinence or restriction to diet, inadequate duly to stimulate the stomachic functions. The aid which is afforded in this way to the propulsive circulating energy from the centre to the circumference is of itself calculated materially to relieve the lungs. Whatever evils may be dreaded from invigorating food in

congestion of that organ, on the principle of increasing the force of the heart's action, evils greatly more serious are to be apprehended from permitting the stomach to fall into atony, and the system into debility, by inadequate diet. It is not plethora that is injurious, for very moderate depletion is adequate to correct this state: but it is undue diffusion of the circulation over the system, and inordinate determination of it towards internal parts, that constitute the sources of disorder. No method could be adopted more effectually calculated to produce these conditions than debilitating the stomach and detracting from the general circulating energy. Nearly a similar effect is necessarily produced by extensive depletion, especially in full-grown individuals. In young persons, the vessels possess much more contractile power to accommodate their capacity to any diminution in the circulating mass. In the adult and aged, on the contrary, the vessels, having been habitually and permanently distended, necessarily lose their contractility, and in any unusual diminution of the contained fluid, they collapse without contraction. In these circumstances, the more the circulating fluid is reduced in quantity proportionally to the vascular capacity, the greater is the tendency to concentration of the mass in the larger and more permeable vessels around and near the circulating centre. Existing organic congestion, therefore, instead of being restored, is permanently maintained, and, by consequence, also local morbid action depending on that state.

It appears to follow, that after the violence of reactive fever, associated with local congestion, has been subdued by depletion, farther detraction of blood must be injurious even in existing congestion and morbid action, by inducing functional debility over the whole system, reducing vital power, and increasing the tendency to internal congestion. To these effects, abstinence contributes in a peculiar manner and material degree.

That system of rigid and indiscriminate starvation to which consumptive invalids are too generally restricted, would be enough to reduce the most vigorous and Herculean frame; and if continual depletions were added, such as are frequently put in practice, the soundest constitution would inevitably and necessarily be reduced to the lowest ebb. What estimate are we then to form of the effects of such a system on a frame already debilitated, and which has to contend with a chronic and serious morbid action preying on the vital powers?

It is all very right to reduce acute inflammatory action in which the circulation generally and locally has been, by

morbid causes, excited to activity greatly beyond power; but in detracting from the existing impetus of the fluids by venesection, it is to be recollected that abstraction also is made from power, since that is removed which is essential to the support of vital power; and I hold it, therefore, to be an incontrovertible physiological axiom, that after every depletion which urgent circumstances render necessary, the animal system presents an immediate claim for equivalent nourishment; and in the absence of such necessary supplies to renovate the powers, action beyond power continues unabated, *i. e.* existing fever is complicated with debility.

Such is the natural and necessary consequence in all cases where a system of starvation is made to succeed a system of depletion. The very course which is adopted to subdue morbid action is that which, by lowering power, essentially maintains the excitement. The practice, therefore, of depletion and starvation in pulmonary disorders, is radically and essentially erroneous,\* and, whenever it is carried beyond the period of acute inflammatory action, is highly prejudicial.

In recommending nutriment adequate to the increased demands of the system, it is not understood that stimulation also is indiscriminately advocated. The object is not stimulation, but power, and that diet must be the best which is capable of imparting the greatest degree of vital power to the various textures, as well as to the blood itself. For this purpose, vegetable food, however nutrient, is very inadequate; animal diet, on the contrary, stimulates the digestive functions, enriches the blood, invigorates the whole system, and, under judicious regard to existing circumstances, is unquestionably the most restorative of lost power.

Animal and invigorating diet has been, it is true, generally deprecated in pulmonary cases; and increase of fever, with aggravation of organic disorder, are usually apprehended as the result. That this idea cannot be always well-founded, the above cases decidedly demonstrate.

That in certain circumstances of pulmonary disorder injurious consequences are to be apprehended from the liberal and indiscriminate use of animal diet, I am ready to concede; and also, that caution is necessary to adapt the kind and quantity to existing circumstances,—otherwise fever, disorder, and debility, will result, instead of vigour and health. But, on the other hand, I am convinced that, under groundless, or, at all events, mistaken fears of this kind, a system of exclusive abstinence is pursued to the certain aggravation of existing disorder, when a discriminating

\* As a general rule.



adoption of a system directly opposite to it is that which is indicated.

On this point, an interesting feature in the last-detailed case merits attention:—the exacerbation of the cough and febrile symptoms shortly after the adoption of animal diet. This is a result which I admit is of very frequent occurrence in circumstances of great general debility, and in proportion to the degree of debility. It has been usual to regard such an occurrence as highly unfavourable, and as an immediate urgent ground for withholding animal diet in future, and for having recourse to less stimulating vegetable preparations. I am disposed to view the matter in a different light. Knowing, on incontrovertible principles, that the constitution, in these circumstances, absolutely requires the nutritious and invigorating influence of animal diet, the symptoms in question cannot be owing to these properties, but necessarily are due to some other coexistent circumstance. This, I believe, usually consists of such disorder of the alimentary viscera, whether dependent on general debility and habitual organic atony, or upon existing depravity of secretions, as is incompatible with the adequate conversion of animal diet to its proper use. It lodges un-reduced in the duodenum, irritating to morbid action that organ; and as the various secretions have been deficient or depraved, the excitement of the circulating activity locally takes place without corresponding activity of the glandular function of the liver, and the other secreting actions connected with digestion, whence necessarily morbid local action and febrile excitement. To relinquish measures so essential to restore the constitutional powers on this account, is a mistaken course. Correct the existing disorder; stimulate the secreting functions of the liver and the other secretions; promote habitually the alvine evacuations; and perseverance in animal diet is no longer injurious, but beneficial, and what the very debility, indicated by the febrile exacerbations in question, urgently calls for. It is an interesting practical fact that, in such circumstances, the excitement of fever by the use of animal diet is generally in a degree proportioned to existing debility; and as vigour is regained by the use of that means, the febrile exacerbations in question are less liable to occur, and, when occurring, produce much less influence either on the constitution or on the local disorder.

In chronic catarrh and mucous secretion of the bronchiæ dependent on slighter pulmonic congestions, increased freedom of expectoration supervenes after every meal, and seems, in such cases, a favourable symptom rather than otherwise,

indicating the beneficial effects of food in restoring and invigorating the system.

When, as in the above-detailed case, the same disordered condition is associated with great general debility, increase of expectoration is naturally to be expected from the remission of chronic congestion under an invigorating diet; and in such circumstances, being analogous to the critical expectoration in acute inflammations, is rather favourably symptomatic of returning vigour, than an indication for farther reduction of power.

These remarks by no means imply the propriety of adopting animal diet in all cases indiscriminately. Where, from existing disorder of the lungs or digestive organs, or from extraneous circumstances of impure air, the digestive power is materially impaired and counteracted, what good can be effected by administering food? The injurious consequences supervening are naturally in a degree proportioned to existing debility and incapacity for digestive action. A just estimate of the digestive capacity is not less essential than a just estimate of the existing demands of the debilitated frame.

The question naturally occurs, what was the real nature of the pulmonary disorder in the foregoing case? No evidence appearing of the existence of tubercles, the inference is, that the purulent expectoration proceeded from bronchial secretion or ulceration. But regarding the attendant symptoms and the rapidly progressive decline of the powers, the result of perseverance in abstinence and antiphlogistic treatment may be anticipated. As no criterion for judging of the existence of tubercles usually is afforded \* farther than the symptoms manifested in this case, the practical deduction is, that an invigorating system of dietetics is now generally deserving of trial in similar cases.

It may be objected that, however useful animal diet may be in chronic catarrh, purulent secretion, or even ulceration, this system of diet is not applicable to the case of tubercular ulceration. The best reply is the following statement of fact:—

N., aged seventy-one, liable to winter cough for some years, in early spring of 1823 was seized with inflammatory fever and acute

\* An experienced morbid anatomist, who has examined many hundreds of phthisical cases *post obitum*, informs me that he never yet discovered tubercular matter in the expectoration, not even where the lungs were found studded with tubercles. The expectoration of broken masses of undissolved tubercles, however, is by no means unusual; but I have frequently found the lungs studded with such formations of all sizes, without tubercular matter in the expectoration previously.

pulmonic inflammation, with pain on inspiration, dyspnoea, and incessant cough. Venesection, blistering, and purgatives, were adopted, by which means the urgent symptoms subsided: there remained, however, great dyspnoea; frequent cough; much expectoration of purulent matter, as if from an abscess; reduction of general strength; deficiency of appetite; hectic fever, and emaciation. Under these circumstances, he was regarded as incurably consumptive, which opinion was confirmed by that of another experienced Practitioner, to whose care he was consigned, on a change of residence. Here he continued for above three months, gradually emaciating and sinking in strength; cough and fever increasing, notwithstanding abstinence, saline purgatives, and other antiphlogistic remedies; looking forward to the ensuing autumn as the certain termination of his sufferings.

In July, when I saw him, he was using saline draughts and acid. sulph. dil., other means having been regarded as superfluous on the existing complication of age, debility, and organic disorder.

The symptoms were as follows:—Pulse about 100, tensive, hard, wiry; skin hot, dry; countenance dejected; frame much emaciated; chest contracted, especially its left side; tongue furred; bowels confined; breathing very tight and confined; sense of epigastric constriction and tenderness; cough very frequent, hard, and painful; expectoration difficult, very abundant, sometimes nearly half a pint daily, muco-purulent; afterwards occasionally containing solid masses of unbroken tubercle sheathed with blood; consumed with hectic fever every evening, preventing sleep for hours, after which bathed in perspiration, which bursts from the pores like dew-drops; appetite very deficient; strength failing. If any thing were wanting to confirm the character of the case, the tuberculous matter expectorated suffices.

There being evidently considerable hepatic disorder, a course of mild mercurial evacuants was prescribed, alternately with anodyne diaphoretics, as under:—

℞ Pulv. Jacobi veri gr. ij.  
 Extr. Lactucæ,  
 Pulv. Scillæ, āā gr. iss. M.

Ft. pilula nocte capienda.

Along with antiphlogistic remedies and counter-irritants, the strength was supported by soups, jellies, &c.

As soon as the hepatic and alvine functions were in some degree rectified, mild tonics were added, as decoct. sarsæ, — lichenis, with acid. sulphur., — and, as often as the stomach could bear it, animal diet in a solid form.

Within three or four weeks the hectic fever subsided, and the principal symptoms to contend with were, general debility, emaciation, alvine inactivity, dyspnoea, and cough. The treatment was rather protracted: \* but, by continued attention to the alvine func-

\* The expectoration of muco-purulent matter to nearly half a pint daily continuing upwards of a year.

tions—constant supply of solid nutritious matter, especially animal diet, in every form—supporting the tone of the stomach, and controlling the cough by anodyne expectorants,—the patient ultimately so far recovered as to remove to the country, suspending medical means, and enjoying comparative health. The cough, however, still continues nearly as before the first attack; but he is free from any of the attendant symptoms characteristic of phthisis.

In this case, the point most worthy of attention is the rapid disappearance of the hectic fever and perspirations, which I have seldom seen greater, or approaching nearer to colliquative, under the tonic and invigorating system of diet. Tuberculous phthisis at an age so advanced is generally considered rare.

(To be continued.)

#### IV.

*Case of Syphilitic Perforation through the Osseous Palate closed by the Application of the Actual Cautery.* Communicated by J. SNELL, Esq., Dentist, Member of the Royal College of Surgeons in London, &c.

IN the present improved state of medical science, it is much to be regretted that more has not been accomplished by surgical assistance in cases of defective palate. That there is at all times a disposition in these parts gradually to fill up, is, I believe, very generally admitted, although not practically acted upon, at least if we may judge from the very general use of many of the injurious instruments of the present day for the intended restoration of these parts when defective; their tendency being rather to increase than diminish the size of the aperture. From reference to some of the old writers, it appears to have been no uncommon practice with them to close up these defects, when small, by the actual cautery: and although, from its too free and indiscriminate use, some mischief may have resulted, it by no means follows that there can be any just grounds for relinquishing so efficacious an agent in the cure of these cases, particularly when it is guided by the science of the nineteenth century. One principal misfortune attending these cases is, that nature is now seldom permitted to exert her own efforts towards the accomplishment of a cure, she being generally retarded in her operations by the ignorance of some artist, who has attempted to plug up the aperture with a

sponge obturateur, or some other instrument equally unscientific, which, from its pressure upon the sides of the cavity, directly opposes the natural coalescence of the parts. And here I should desire to put one simple question, not to the judicious Practitioner, but to those who attempt to remedy these deficiencies so unscientifically: Can any chance of probable success be anticipated from plugging up an aperture in the human body where it is desirable to produce an union of parts, and, if not, why is such treatment likely to have a different tendency in an aperture in one of the parietes of the mouth, which, of course, observes the same rules as all other parts of the human frame?

The following case will prove both the great importance of employing an instrument, rather for the purpose of bringing about a final cure than for present relief; as also the success which sometimes attends the use of the actual cautery in these perforations.

A man applied to me, about two years since, with a perforation of the os palati, produced by frequent syphilis. I satisfied myself that all symptoms of infection had been entirely subdued by a regular Practitioner; nothing, therefore, remained but to complete the mechanical supply of the deficiency, which was done by an obturateur composed of a plate placed in juxta-position, and exactly fitted over the aperture, so that the surrounding parts might be gently pressed towards the centre of the palate, that being the situation of the aperture. Under the use of this instrument the perforation continued gradually to decrease, until it was about half the size of a pea, when, taking it for granted, from the florid state of the surrounding parts, that, if the sides of the aperture could be brought in apposition, adhesion would be the consequence, I introduced, with this intent, a piece of red hot iron, somewhat less than the size of the aperture; and afterwards replaced the artificial palate. In about a week, upon removing the instrument, I found the perforation so considerably reduced as to be nearly closed. I repeated the use of the actual cautery, diminishing the size of the cauterising instrument in proportion to the decreased size of the aperture, and replacing, as before, the instrument, which was again removed in a week's time, when the aperture was completely closed, leaving only a scar and a slight indentation.

Crawford Street, Montague Square,  
March 11th, 1825.

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## V.

*On Contagion and Quarantine, with reference to the recent Deliberations of the Legislature on these Subjects.* By an experienced PHYSICIAN.

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THE unwearied pains taken by certain interested individuals to blind the Government regarding the danger of an abolition of all quarantine regulations, cannot be too much reprobated and exposed. The question, in its most unqualified form, was tried before a committee of the House of Commons in 1819; and twenty-six medical men, most of them gentlemen of the highest character for learning, science, and experience, were examined. All except two testified decidedly in favour of the existence of pestilential contagion. Of these two, one was so obdurate an unbeliever, that, though he caught the disorder in an hospital at Constantinople, he persisted in his disbelief. The other was a young man little versed in practice, who had never seen the disorder, but of whose accuracy the writer of this must entertain a poor opinion; for this non-contagionist, in delivering his evidence, affirmed that the typhus fever had never been contagious at the Infirmary of Edinburgh; whereas the writer of this caught it there himself in the year 1774, as well as many other students in that and other years, and several died of it. So great, indeed, was the belief in the reality and the danger of it, that the council of governors adjourned their meetings to another building. The committee of the House of Commons accordingly broke up under feelings of shame and disgust at having entertained such a question, all but the chairman. It is almost incredible what a tissue of misrepresentations have been brought forward in this dispute, not only by the daily press and various periodical works, but in a work lately published by an eminent special pleader. He has alleged, among other things, that the majority of the Physicians had declared against the reality of contagion; and the whole abounds with false colouring and gross errors, as might naturally be expected in the work of an unprofessional man unqualified to write on such subjects. Another example of their misrepresentation may be quoted in what they say of the yellow fever, namely, that the belief of its being contagious is almost become extinct: whereas the direct contrary is the truth; for such well-attested proofs have of late been produced, that some of the most determined non-contagionists have become converts to the opposite doctrine. The proofs, indeed, are such as no rational mind can resist. The special pleader who



writes so flippantly and dogmatically on this subject alleges, among other things, that medical men are not the proper judges in such cases. Medical men retort upon him, that, by their education and talents, they are as well qualified to weigh evidence as those bred to the bar, in matters within their own province at least; and that, by a parity of reasoning, they ought to be better judges in matters of law than he himself is. Indeed, the misrepresentations which he advances are so gross, that nothing but his unprofessional character can excuse him; for the writer of this does not mean to charge him with an intentional breach of veracity, but only with ignorance, and with listening too readily to the opinions of those possessed of insufficient information on the subject.

Last year, about this time, a bill was brought in to grant certain relaxations in the quarantine regulations, as a relief to commerce. The writer of this, though an enemy to total abolition, delivered as his opinion, as a member of the quarantine committee, five-and-twenty years ago, that such relaxations might very safely be made; but he was overruled, and he hopes that most of them will be adopted in the bill now depending. But he was much surprised, in the debate which took place in the House of Commons on this bill, on the 30th of last month, that most of the speakers were in favour of total abolition by their arguing against the existence of contagion. The honourable member who opened the debate began by asserting, that though there were no preventive regulations in Holland, yet that country had enjoyed an exemption from plague. Nothing could be more unfortunate for the assertor; for though the Dutch have no regular lazarettos, and, according to the testimony of the excellent Mr. Howard, were unwarrantably careless in guarding against contagion, yet it is so far from being the fact that they neglected all precaution, that they directed their ships from the Levant to perform quarantine at Leghorn, and they posted guards, and made lines of circumvallation, around their own towns, to prevent dangerous intercourses. But what is still more unfortunate for the honourable member's assertion is, that Holland, so far from being exempt from plague, was afflicted by it no less than fourteen times between the year 1600 and 1664; and most, if not all, the plagues with which England has been visited, were believed to have been imported from thence by infected merchandise, as might naturally be expected, Holland being then the entrepôt of European commerce.

The same honourable member asserted, that the plague

had never been communicated from one person to another. This extravagant and (what is more) most pernicious paradox, can only be answered by an appeal to the testimony and experience of all ages and countries to the contrary.

It was further asserted by the same member that typhus fever is not contagious. This has already been answered; and it may now be asked for what purpose have the charitably disposed been so shamefully imposed upon, and have had their pockets picked to support what are called fever hospitals, the pretended object of which was to protect the community from the infection of this cruel malady? What man, woman, or child, I may almost say, is so ignorant as not to have known or heard, within the circle of their own associates, of clergymen in the discharge of their sacred functions, of medical attendants, and others, who approach the bed-side of the sufferers, catching and dying of this disorder? Was the existence of it in Ireland in 1817, and its extension to Great Britain in the following year, a mere delusion? And what liberally educated man has not read in history of the Black Assizes of Oxford, the like at Exeter and Taunton, and other places, in the seventeenth century, not to mention the tragical incidents at the Old Bailey in the memory of man, 1750, in which so many of the judges, jury, and auditory, were taken ill and died? According to this creed, all these facts, and the opinion of contagion being engendered in prisons, work-houses, ships, and the crowded habitations of the poor, are hereafter to be enlisted among fictions or vulgar errors; and little anxiety need be entertained, nor expense incurred, for the future prevention of these mortal disorders. To say that those gentlemen who were taken ill in the court did not communicate the fever to their families and attendants, and that, therefore, it cannot be contagious, argues a profound ignorance of the history and phenomena of this class of diseases. It is well known to every one who has been conversant with great naval, military, and civil hospitals, as the writer of this has been, that, when patients are received into them in the circumstances of those described at the Old Bailey, if the hospital should be badly ventilated, crowded, and unhealthy, they will generate the same disease with which they themselves are affected, and communicate it to those who touch or approach them. Where, on the contrary, the hospital is clean, well-aired, and no accumulation or concentration of effluvia exists, so as to resemble the private houses in which the judges, jury, and auditors, of the Old Bailey were accommodated, no fever will be engendered

and communicated. The multiplied experience of practical men has put these facts beyond the reach of all doubt or cavil.

In the course of the same debate of the 30th of March last, another honourable member ventured to assure the House, according to the reporters, that no mention of contagion was to be found in ancient authors. A work of high authority, by Dr. Paris and M. Fonblanque, saves me the trouble of answering this, and ought to have prevented the repetition of an assertion so shallow and groundless. The mention of contagion, and the allusions to it, can be proved by innumerable quotations from the ancient classical and medical authors. It is remarkable, that the member who broached this is a gentleman of fine taste and high literary attainments; a circumstance which clearly betrays that these gentlemen have not formed their opinions on the suggestions of their own excellent understandings and learning, and that no reference has been made, nor any deference paid, to the evidence of those regular and experienced Practitioners who, at the request of the Committee, had gratuitously, but not less zealously and cheerfully, sacrificed so much time and attention in pouring out to them the collected knowledge of their whole lives, so as to afford them the best information attainable from every accessible source, foreign and domestic, ancient and modern, and all grounded either on authentic facts or their own observation: I say *facts* and *observation* in opposition to *theory*, an imputation most injuriously charged on these gentlemen in the book of the lawyer above alluded to. I challenge him to point out a single word of theory in all these evidences, for they all consist of dry and well-authenticated matters of fact. On the contrary, the arguments of the non-contagionists rest entirely on theory; for what can be more theoretical or more abhorrent to the first principles of legitimate induction, than to lay down a law *à priori* that is a mere assumption, that no disease can be contagious but that which, like the small-pox, is so in all circumstances? Facts, or, in other words, the phenomena of nature, are commanded, as it were, to submit to the laws which these theoretical tyrants presented, in place of theory being subordinate to fact. In the case in question, for instance, what can be better established as matter of fact, than that the plague is as contagious as small-pox under a given range of atmospheric heat, but not above or below that range? And they forget that variety is as prominent a feature in nature, particularly animal and vegetable nature, as uniformity is. This is also the place to remark,

that these theorists (whether from ignorance or design is best known to themselves) make a singular abuse of the word *epidemic*. There is no artifice of which sophistry avails itself more than the vague and ambiguous employment of words. In order to maintain precision in language, and therefore in argument, on the subject of infection, this term ought to be contra-distinguished from *endemic*, a term I observe never employed by the non-contagionists. According to long-established acceptation, the term *epidemic* is applied to those generally prevailing diseases, most commonly of the febrile class, which are communicated by the morbid effluvia of the living human body: *endemic* for those which proceed from the exhalations of the soil. To the former contagious diseases belong such as small-pox and plague; to the latter, agues or intermittent fevers, which are never contagious. The advocates of non-contagion, by some strange and unauthorised misapplication of words, do not adhere to this classical, old-established, and legitimate classification, but, by a distinction utterly unintelligible to me, subdivide them into epidemic and contagious. It is clear that the epithet *contagious* cannot be employed as the correlative of the epithet *epidemic*; for, as the one comprehends the other, this would be an unmeaning solecism in language. The proper correlative of epidemic is endemic; so that, to ask whether a disease is contagious or epidemic, is putting a question which does not admit of an answer, it being unintelligible nonsense; and we have here a specimen of no ordinary ingenuity, whereby a sophism in logic is conveyed and sustained by a solecism in philology. It is remarkable that the term *endemic* is prudently and studiously avoided by the advocates of non-contagion; for the proper employment of it would deprive them of that specious and hollow verbiage by which they are endeavouring to blind and mislead their ignorant or careless readers. This confounding, misapplying, and suppressing of terms, constitute a large part of those sophistical tricks by which they incessantly labour to mystify the public mind on the subject of contagion, bewildering in a labyrinth of undefined words and phrases the intellects of those unwary, ignorant, or half-learned persons, in or out of the Profession, whom it is their wish to mislead.

No one can be more sensible than the writer of this of the improved health and diminished susceptibility to disease from better habits of life in the present generation. We have indeed enjoyed a long exemption from pestilence; but so had the island of Malta nearly as long, where it nevertheless shewed itself twelve years ago: a great number of the inha-

bitants, but few of the garrison, perished by it; the latter having been protected by prompt and judicious means of prevention, facilitated by the excellent lazaretto belonging to that fortress. Though, therefore, the relaxations proposed seem to be such as may be safely adopted, it would be matter of deep concern to every reflecting and humane person were a total abolition proposed. Let us not forget that the future appearance of this scourge, too awful to admit of description, is still within the limits of possibility; and in what a deplorable situation should we be, were it to overtake us in the absence of all preventive institutions?—and the reluctance to believe in it would still farther retard and paralyse the efforts to counteract it.

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## PART II.

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### ANALYTICAL REVIEW.

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#### I.

*Lectures on Digestion and Diet.* By CHARLES TURNER THACKRAH, Member of the Royal College of London, &c. 8vo. 1824.

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THESE lectures are confessedly popular, and, consequently, have no pretension to exhibiting, in all its parts, the function of which they treat. Whether Mr. Thackrah has done wisely in giving them to the world through the press, he himself must, perhaps, be the best judge, so far, at least, as his own personal and immediate advantages are concerned; as regards his reputation generally in the Profession, with the capability which many of the notes shew him to possess of higher and far more valuable performances, we may be permitted to offer our opinion, and this is decidedly against the advisableness of his present publication. The materials of popular lectures are usually more amusing than instructive; and light anecdotes, cursory and flippant remarks, a high-flown style, and information, if vouchsafed at all, of the most superficial kind, appear, for the most part, peculiarly to characterise them. Mr. Thackrah has not escaped the temptation which this monstrous appetite of the populace presents, and has too frequently endeavoured to interest his

audience, not by the intrinsic value of his facts, but by the extravagance of his language and the rarity of the histories which he narrates. Were we disposed to quote instances in proof of our assertion, we should have no difficulty in finding them, but we have no such disposition. We have mentioned what we deem Mr. Thackrah's fault, because it appears to us utterly inconsistent with sober philosophical investigation, and calculated to mislead those who may have greater powers of eloquence than love of labour. Our task, however, is, upon the whole, of a more gratifying kind. There are a few notes attached to the lectures which are far more important than the lectures themselves, inasmuch as they record the results of Mr. Thackrah's own inquiries; and the style in which they are written is a striking contrast to the more ambitious verbiage of the lectures. It is to these notes that we shall principally confine ourselves.

Mr. Thackrah has been the first within our knowledge to correct the generally received opinion, that the gastric juice reverts the process of putrefaction. The experiments which he tried for this purpose are so decisive that we shall give them in his own words. He has preceded them by quoting Dr. Fordyce's language, from whom this preposterous doctrine originated.

'Fordyce expresses himself in the following words:—“If meat be exhibited to a dog, which is already tender and foetid from putrefaction, and the dog be killed in three quarters of an hour afterwards, and the meat of the stomach examined, it is found firmer and free from foetor.”

'1824. January.—I found in the stomach of a cat putrid meat, which had been eaten long before. I requested my pupil, Mr. Horton, to give to a cat, which had been without food since the preceding day, a piece of flesh as putrid as could be procured at this season of the year. An hour afterwards, on examining the contents of the stomach, we found the foetor increased rather than diminished. To a dog was given a piece of meat decidedly putrid. After three quarters of an hour he was pithed, and the stomach opened. The foetor of the meat was not diminished in the slightest degree. The discordance in the observations of Fordyce and myself may arise from a circumstance which I remarked in another experiment. When the stomach is opened immediately after death, the rising halitus diffuses so strong an animal odour, as wholly to cover that of the food. Hence, in a hasty notice no foetor is perceived, even when the flesh, on a closer examination, or on its removal from the stomach, is found extremely offensive.'—P. 14.

This explanation appears so rational and conclusive, that it much reminds us of the story of Columbus and the egg: it is easy to every one when the way has once been shewn.



Mr. Thackrah's statement has also the advantage of being in perfect consistency with the other phenomena of digestion. Highly flavoured meats exhibit both the peculiarities of their odours and their taste for hours after they have been received into the stomach ; and we are acquainted with no fact at all analogous to the correction of putrefaction in the whole process of digestion. Of course, we speak of the food while still in its original form ; questionless, the part that has been acted upon by the gastric juice will have undergone changes of another kind, and not at all bearing upon the matter under discussion.

Mr. Thackrah coincides in Sir E. Home's opinion, that the formation of fat takes place in the large intestines ; which certainly much surprises us, for the Baronet's observations are any thing but conclusive, nor do we think that they have been generally assented to. Our author states, also, that ' two recent cases in practice lead him to think that fat is sometimes found in the disordered stomach.' We should much have wished that he had given a history of these cases, for we suspect that he is alluding to instances of indigestion, in which oily and very acrid eructations prevail. Many of these cases have fallen under our observation, and the production of an oily matter has been very remarkable. We have never had an opportunity of submitting it to chemical analysis ; but we have frequently noticed its inflammability upon being thrown upon the fire, and this, when food containing oleaceous substances had been most carefully withheld. The production of an oily matter within the stomach we hold, therefore, to be as clear as the secretion of air within the same organ ; but that this matter deserves the name of fat, is very far from clear. If we understand the very *productive* Baronet and our author, they mean to state that fat is found in the large intestines, as in a reservoir, from which it is distributed to the rest of the body—an opinion which it is only necessary thus to state, to shew how untenable it is : for, in this case, it ought to be found in the circulating fluids of the body under all circumstances, the vessels having no other office than to convey it to, and deposit it in appropriate situations. But so far is this from being the case, that with the exception of a case related by Dr. Trail, of Liverpool, in one of the *Edinburgh Surgical and Medical Journals*, no case, so far as we know, has been recorded, in which oil was distinctly found in the blood.

' The spleen, it appears, is not necessary to the animal economy.' (P. 23.) This assertion is surely too comprehensive. The consequences of the loss of the spleen have not, as our author observes, been very well ascertained ; and

‘that a man may live without his spleen,’ is no more corroborative of such a doctrine, than to say that the lungs are not necessary to life, because extensive disease has in a very few instances been found after death, when the symptoms before had been very slight, and by no means leading to a suspicion of such extraordinary disorganisation. We ourselves have seen one lung entirely destroyed, and not even a vestige to be found, the cavity being entirely filled with pus, and yet the individual breathed tolerably well till within a very short time of his death.

Mr. Thackrah has enumerated many cases of extreme abstinence, to which he appears to give more credit than in general they are entitled to. Those who have a liking for extraordinary cases may find much gratification in this part of the first lecture.

The second lecture is upon diet, in which are some interesting details respecting animal and vegetable diet. A very important observation is given in a note respecting the effects of a vegetable or low regimen in insane patients.

‘From a statement in Halloran’s work on insanity, urged by Dr. Lamb in support of his system, we learn, that in the Cork Asylum the patients, though generally kept on low or vegetable diet, are at certain periods allowed a few generous meals of animal food. On these occasions the strictest precautions are invariably adopted to provide against the scene of uproar which is sure to follow. The maniacal excitement may be rather attributed to the sudden transition from a poor to a richer diet, than to the simple effect of animal diet. On inquiry, I learn from my friend Dr. Ellis, of the Wakefield Asylum, that low regimen is found decidedly injurious to the patients of that institution; that it reduces the constitution, but not the severity of the disease; that the paroxysms of madness are even increased in violence and frequency during depletory treatment. The opinion of the medical officers is evinced by the fact, that at present (April 22, 1824), of 230 patients, there is only one on low diet.’

This statement appears to us very much in accordance with the well-known effects of starvation, and is particularly well illustrated by the account given in *Captain Franklin’s Travels* of the extreme irritability of the survivors of that perilous undertaking, while suffering from extreme weakness, the consequence of their compulsory abstinence. There is indeed generally in Mr. Thackrah’s notes so much good sense, and so many marks of an intimate knowledge of his subject, that we could much wish to see him in another shape before the medical world than that of a popular lecturer.

Professor Harwood’s experiments have been usually re-

ferred to, as proving exercise to be unfavourable to digestion. Mr. Thackrah has very properly observed, that these experiments only forbid violent exercise; and from some trials upon dogs infers, that moderate exercise is not unfavourable, or but very slightly so, to digestion. He has been led to the same conclusion also from remarking the habits of labourers resuming their employments soon after dinner. A long residence in a very large manufacturing town, in which much of the labour requires violent exertion, had induced us long ago to question the general accuracy of the doctrine now opposed, and we were much pleased therefore that somewhat similar circumstances had made a similar impression upon Mr. Thackrah. We are inclined however to believe, that habit has much also to do with digestion, and that no universal rule can be laid down. Some reason likewise appears for believing that digestion does not always commence, or perhaps, more correctly speaking, is not fully established, till a short time after a meal has been taken; and that, if violent exercise be resorted to before this time, the digestive process is greatly impeded, if not entirely stopped, but that, when it is perfectly established, active exercise accelerates it.

On the subject of '*drink*,' there is nothing very remarkable. Water, of course, is the most natural, and '*the best*;' we would add, if mankind were in a state of nature. For to us it appears very certain, that in the habits of our own country, and the greater robustness of our countrymen, some proof is afforded that fermented liquors are not merely not injurious, but that, on the contrary, they are frequently beneficial. That unfortunately they are carried to an excess is too true; but what may not be abused? We are no advocates for extremes; we cannot believe that Nature has been so bountiful, and that our Creator has made us so intelligent, were it not intended that all the enjoyments which the one or the other can afford should be moderately indulged in.

The third lecture is on '*disorders of the alimentary canal*.' We are not disposed to remark much upon it. A popular lecture upon such a subject must necessarily be exceedingly defective. Among the notes is the following remark respecting the production of gas in the stomach:—

'The formation of gas in the stomach is often attributed to the use of green vegetables. On visiting a lady particularly subject to flatulent indigestion, I found one of her most severe attacks had occurred after eating a *supper of animal food*.'

A frequent, though a very generally neglected source of excessive flatulence, is imperfect mastication; and several instances have fallen under our observation, in which the

malady was considerably relieved by greater attention to this point, when the regulation of the diet had had no effect whatever. Very digestible food appears principally to be demanded in these cases, whether it be animal or vegetable; and we take this opportunity of mentioning, that within our experience, solid food well masticated, and in small quantity, is much more digestible than soups. We have very frequently found these last to increase the flatulence, even when totally uncombined with vegetable matter.

Our author observes, that diarrhoea is frequently an effect of inflammation of the mucous coat of the bowels,—a fact generally now known, we presume, to the Profession; and in a note he has given a case illustrative of this doctrine. We had lately occasion to see the good effects of a depleting plan in affording relief where there was every reason to suspect ulceration of the bowels. The diarrhoea was diminished for the time, and the pain never again returned. It was in a case of pulmonary consumption.

The last part of this work we shall notice are his observations upon arsenic. Two cases are related in which chalk was very largely administered, but it does not appear to us with very decided effect. In the first instance, chalk and lime-water were not given till an hour after the poison had been taken, and till, by the aid of emetics and warm water, upwards of two gallons had been evacuated from the stomach. In the second case, half an ounce of arsenious acid had been taken, and three hours elapsed before any remedies were administered, yet the patient recovered. Much, we conceive, cannot be attributed to the remedies in either case; and in the last, spontaneous vomiting had occurred, by which indeed they were enabled to detect that arsenic had been taken, the patient herself averring that she had only taken magnesia. Our author adds, in a note, ‘By experiments on dogs and other animals made a few years ago, I found fatty and oily substances to increase the activity of the arsenic.’

We here conclude our account of this work. As addressed to the medical public, we cannot bestow upon it much commendation; as a popular view addressed to persons out of the Profession, its great fault is the style. There is a considerable portion of useful information contained in it, and more especially upon the subject of diet and regimen. Mr. Thackrah has, however, by no means done justice to his own powers; and we are anxious to meet him again, in a work addressed merely to the Profession, for there we are convinced that our task would be as gratifying to ourselves, as we think deserved praise must be to the object of it. We trust, therefore, that no long time will elapse before he again

appears before the world as an author, not of popular lectures, but of a work (which he seems well able to execute) that may take its place amidst the standing medical literature of his country.

## II.

*Collections from the unpublished Medical Writings of the late CALEB HILLIER PARRY, M.D., F.R.S., &c. &c.—Introductory Essays.* By CHARLES HENRY PARRY, M.D., F.R.S., and Member of many other Societies, British and Foreign. 8vo. Pp. xxxvi. 243. London, 1825.

THE prospect of having collections from the unpublished writings of the late Dr. Parry placed before them will, we are confident, please the members of the Medical Profession generally. The volume now before us is only introductory to these collections, and consists of Essays on *Irritability*, *Inflammation*, *Determination of Blood*, and on *Nervous Diseases*, by Dr. Ch. Parry. These essays may be said to be altogether controversial. He combats in them, with much acuteness and address, for the opinions inculcated by his eminent father; he animadverts, with what we consider to be unnecessary warmth, upon the criticisms which have been offered on the 'Elements of Pathology;' he endeavours to shew that certain objections raised against the system which these 'Elements' developed are founded in misconceptions of their author's views; and, finally, he labours to reconcile many of his father's opinions with those more generally received. But, to come to particulars, we must commence our analysis of the volume with the author's long and somewhat polemical preface. And here he gives us, at the outset, the following paragraph, which, if correct, would have been, perhaps, better if it had been couched in more definite terms. We dislike random shots; for they may strike the innocent; although we can have no objection to a deserved and well-directed fire.

'It had, indeed, been a matter of regret to those who knew and estimated the merits of Dr. Parry, that the daily publications abounded with facts and observations, which were recorded as important novelties; which had, nevertheless, long been familiar to him, and had then, as himself expresses it, "for thirty years formed the basis of his practice." In this situation was he placed with regard to many nervous disorders, and particularly with regard to the frequent inflammatory nature of dropsy—a subject which, among others, from materials privately furnished by himself, had

supplied the numbers of certain periodical works with essays, to which other names were attached, and which had much contributed to the reputation of their respective authors.'—P. ii.

The very same complaints are again made at p. xxiv. The writers who, having adopted the opinions of Dr. Parry, published them without due acknowledgment as to whence they were derived, are certainly most reprehensible; but we must confess, that a pathologist who conceives that he has struck out new views of pathology and practice, and pursues them successfully for thirty years before he secures to himself, by their publication, the honour of originating them, is, to say the least, himself chiefly to blame if others attempt to deprive him of his laurels. But, as respects dropsy, and even some other disorders, the views of the late Dr. Parry are, in our opinion, not so original as some suppose. We have, on more occasions than one, referred to authors who wrote before Dr. Parry's time, in support of the same doctrine of dropsy for which he has contended. Of the reviewers of the '*Elements of Pathology*,' Dr. Ch. Parry speaks as follows:—

'Much, indeed, has been written on the subject of Dr. Parry's doctrines, and it would manifest a strange want of proper feeling and grateful sentiment, if the editor did not acknowledge that, even where dissent has been proclaimed, the consideration of the subject has been marked with a peculiar degree of kindness, liberality, and candour. To the periodical reviewers, who, under shelter of anonymous criticism, have the power and privilege of employing strong expressions of disapprobation, and who, in their sweeping and general declamation, have too frequently the temptation to substitute assumption for proof, he cannot but express his sense of their indulgence; and, though in a few instances, which it may become necessary to specify, some of the common faults are discoverable which arise from this mode of investigating truth; though, upon some occasions, a singular perversion and misconception of the true meaning has crept into their pages; though an acquaintance with the subject has not always characterised their remarks; and though observations have been hazarded, at the expense of a rigorous attention to logical accuracy, and even to an exact consistency; there is, on the whole, an evident disposition to be pleased,' &c.—P. viii.

To this follows a compliment to a particular journal, 'not only on account of the spontaneous honours which it is disposed, on all occasions (we quote Dr. Ch. Parry), to pay this author, but also, on account of a far greater intelligence and acquaintance with his opinions than are manifested by any other writer on these subjects.' Without stooping to the ungracious inquiry whether or no 'the spon-



taneous honours' are a necessary result of greater intelligence and acquaintance with the subject than are manifested by any other writer, we beg permission of our author to remark, that there are few less declamatory or less given to the 'substitution of assumption for proof,' than medical reviewers; and certainly there is no class of writers to whom the medical public is more indebted for useful information. We would also, in all due submissiveness, observe, that when a medical author is misunderstood, the fault is more generally his own than that of his reviewer. The late Dr. Parry's writings have been candidly criticised. Our author surely could not wish that the doctrines they contain should be adopted without inquiry. He should, on the contrary, be aware that the framer of a system of pathology or therapeutics ought to be more closely criticised, than the mere contributor of facts and isolated views. The spirit of the above quotation, and, indeed, of the greater part of this long preface, is altogether very different from what we expected to find in any part of the present work. There is so great a degree of captiousness at fair and liberal criticisms, and, withal, so palpable a desire to repay in kind what has been so bountifully bestowed of a laudatory description, that we would stake the little knowledge of human nature we may possess that Dr. Ch. Parry is not unconscious of the justice of many of the objections which were urged against some opinions of his very deservedly eminent father, by those writers who criticised his works.

With respect to the materials he is about to place before the medical public, and the arrangement of them he has adopted, Dr. Ch. Parry gives us the following interesting information :—

'It remains to give some account of the materials which are in the editor's possession, to state some of the difficulties which have attended their examination, and to submit the ground upon which a selection for publication has been made. That these collections are very large will not be doubted, when it is mentioned, that from the commencement of the author's studies, through his long career of practice, to the period of his remediless attack, every case or observation of interest was immediately recorded. The loss of no opportunity was allowed, even under circumstances in which an excuse for the omission would generally have been sought and admitted. Notwithstanding a very extensive practice, which for many years occupied twelve or fourteen hours every day; notwithstanding the constant variety of cases which daily occupied his attention, and induced a continued mental anxiety; he constantly persevered in the practice of noting down, on foot, in his carriage, and even in his bed. His daily lists are accompanied by detached

remarks, or connected cases, and his chests are filled with collections of a miscellaneous kind, chiefly in an unconnected form.

‘ A principal difficulty attending this mass of papers has been occasioned by the distant periods at which the various observations were made. Many of them are as early as the year 1776 ; and it will be hereafter shewn, in reference to certain proposed experiments connected with the nervous system, that even those earliest manuscripts are not devoid of interest. In consequence of the remote period to which they extend, a doubt has arisen as to the value which should be attached to these earlier records, as parts of a series, which, under a continued and improving experience, might, even in the author’s own view, have been less fit for public inspection.

‘ Without farther reference to this difficulty, which has required a minute and tedious examination of the numerous documents, it may be briefly stated, that the selection of the present papers has generally been made on one or other of the grounds shortly to be mentioned. It is, indeed, fearlessly acknowledged, that every fragment has been considered of more or less value, which has proceeded from an experience so extensive, watched over by a judgment so powerful and so correct, and which was so carefully assisted by the habit of immediately noting the peculiarities and accordances of the numerous cases which were daily presented to the author’s observation. Where every thing is original, and derived from such a source, there cannot, it is imagined, be a question as to the importance of the matter, whether it now appear, for the first time, as a novelty, or confirm only the prior experience and remarks of other practitioners.

‘ It is, however, also readily acknowledged, that, whenever dates could be obtained, one ground for selection has been the support of that claim to priority of observation, which has so often been lost by the delays connected with Dr. Parry’s professional habits. Such an opportunity has not been neglected, even though the subject has no longer the recommendation of novelty. However really unimportant in itself, an attention to this point has appeared in some measure due to the merits and reputation of the author.

‘ *First*, then, A selection has been made with reference to the period and priority of the subjects, whenever such a knowledge could be obtained. . . .

‘ *Secondly*, A selection has been made of those facts and observations which confirm, or place in a new or stronger light, information which has already been made public. . . . .

‘ *Thirdly*, It has been the editor’s wish to preserve all such facts and observations as do not occur in any of his printed works. Such an addition will constitute matter of much interest, as proceeding from so judicious and so diligent an observer.

‘ *Fourthly*, He has been particularly anxious to record and communicate every thing which related to Dr. Parry’s Treatment of Diseases, respecting which so little has been published, and in regard to which so many errors have been adopted.’ ‘ Of several

hundred cases, he has thought it advisable to publish as many as were correctly written, in relation to diseases of interest and importance, and especially to retain all such as were accompanied by dissections. . . .

*Fifthly*, There are many detached fragments which could not easily be classed under separate heads, which the editor has, nevertheless, thought it right to preserve, as a collection of miscellaneous papers. . . . .

‘Sensible of the uncertainty under which the author still laboured, with regard to the most perfect distribution of his materials, and perceiving the insufficiency, for a more extended work, of the scheme already adopted in the ‘*Elements*,’ and even in that more detailed catalogue of diseases, which were classed under the head of increased determinations, the editor has experienced considerable doubt and difficulty. He has finally chosen that arrangement which seemed to him the least liable to objection, and which, while it avoids all compromise of the author’s principles and views, can occasion no cavil as to the accuracy of any hypothesis, or the truth of any system, and is, at least, as comprehensive as either of the schemes already noticed. He has, for these reasons, preferred a classification which distributes the various diseases as nearly as possible under their respective seats of affection, however different may be the nature of such affections themselves. Thus, under the head fever and inflammatory affections, affections of the skin and integuments, affections of the head and nervous system, thoracic and cervical affections, abdominal and pelvic affections, &c., will be included all the varieties, whether the simple inflammatory conditions themselves, their consequences in effusion, hæmorrhage, deposition, or the related forms of disease, which, without too minute a subdivision, could scarcely be included under a more precise and distinct arrangement.’

Having given Dr. Ch. Parry’s account of the ‘*Collections*’ he is about to place before the Profession, and the manner in which he intends to arrange them, we next pass to the consideration of the *Essays*, which compose the present volume, and which are introductory to the collections themselves.

CHAP. I. IRRITABILITY. — Under this head Dr. Ch. Parry has entered into the question of the irritable nature of the vascular system, and its function of assisting in the circulation. He very justly observes, that ‘the great speculative interest of this subject of physiological inquiry will, of itself, justify an extended attempt to disentangle it from the errors which seem ascribable to irregular deduction, or to inaccurate observation; and its intimate connexion with the most available points of pathology not only excuses, but solicits our attention, in investigating a practical and highly important truth.’

even do more than counteract it, and thus render the circulation much slower than in other parts. On this topic we perfectly agree with our very acute author.\*

\* The force of the arguments as to the influence of tortuous arteries depends upon the assumption of numberless questionable facts and principles; and the subject can only be discussed here in its connexion with the existence and assumed uses of the faculty of irritability. The doctrine assumes, in the first place, the hypothesis of negative attraction; under any other view, the curved form must necessarily retard, and not accelerate, the circulation. It assumes, in the second place, the existence of muscularity and irritability, and their influence on velocity. It takes for granted, in the third place, that increased velocity is necessary to all the functions of parts, in which the specified changes occur. All these points are disputable, and some of them probably the very reverse of the

On this subject we may state our own opinion more explicitly. We consider that, when the diameter of an arterial, or capillary vessel, or vessels, is increased, whether this increase occur in consequence of obstruction of the principal branches or trunks, or as a part of the pathological condition of the vessels to which the term inflammatory is applied, an accelerated, as well as an enlarged stream of blood will pass through them, provided that the return of the blood by the venous capillaries and trunks be not impeded or obstructed. This accelerated current will create a demand upon the large trunks and upon the heart itself: hence the action of this viscus will be quickened in proportion to the accelerated flow through the enlarged vessels. But increase of velocity very frequently does not take place, either owing to the return of the blood by the venous capillaries and apparatus being more or less impeded or obstructed, or in consequence of the tortuosity of the arteries themselves, which tortuosity always increases with their augmentation of diameter, and with increase of the functions of the part to which they are distributed, as in the impregnated uterus. We have already referred to the state of the arteries after the operation of aneurism. In cases of this description, the return of the blood through the venous apparatus is generally easy, unimpeded, and even promoted by the position of the limb and of the patient; therefore, if tortuosity of the arteries were not to be in proportion to the increase of their diameters, the accelerated volume of blood passing through them would be unsuitable, as Dr. Ch. Parry has justly observed, to the wants of the part, and would induce, as we have now shewn, a general increase of vascular action. If we observe narrowly the character of the vascular organisation of the encephalon, we must remark that the area of its arteries is great in proportion to the bulk of the part, and the distance at which it is placed from the heart. In consequence of these conditions, an accelerated, as well as an increased flow of blood, would be the result: but the former is more than sufficiently counteracted by the tortuosity of the arteries before they send any ramifications to the encephalon, by their minute division to its substance and membranes, and perhaps, more especially, by the particular nature of the venous apparatus with which this organ is provided, so that not only is accelerated motion provided against, but the impetus of the fluid is diminished below what it is in other parts, whilst the capacity of the arteries supplying the encephalon provides it with a greater volume of blood in proportion to its bulk, than of any other part. Thus the encephalic organs possess a greater quantity of blood, in a slower state of circulation, and, consequently, in a situation the most favourable to the reparation and supply of their energies.

The irritability of the arteries of warm-blooded animals has been maintained on three distinct grounds. 'First, their contraction under exposure, and the irritation arising from the circumstances of the experiment; secondly, an increased pulsation, or contraction and dilatation, which appears on the application of chemical and mechanical stimuli; thirdly, the retrograde motion, which is manifest when the circulation is interrupted by a ligature, or by other causes of obstruction.' With respect to the *first* and *second* of these grounds, Dr. Ch. Parry proceeds to shew, by the evidence of authority and experiment, that no contraction takes place similar to that which is observed to follow the application of stimuli or irritants to muscular parts; and that the diminution of the diameter of arteries frequently observed after their exposure, and generally at a certain period after the heart of the animal has ceased to act, is the result of the tonic contraction with which their parietes are endowed. It was observed, in the experiments made by himself, and in those performed by Dr. Hastings, that dilatation ~~was~~ as often the result of the application of stimuli as contraction ~~was~~; and in experiments that we have seen performed similar effects were noticed. These facts led us, at the time, to conclude, that the effect of the gentler stimuli was excitation of the vital properties of the vessels, which excitation we conceived to be generally attended, in the capillary arteries particularly, with an increase of their diameter, and an augmented flow of blood through them; and that the result of the stronger or more astringent stimuli was a constringing of the tissues composing their parietes. However this may be, attention ought certainly to be paid to the effects of different stimulating agents, as respects their relation with the vital properties of the vessels on the one hand, and with the mechanical condition of their parietes on the other.

But, if we proceed in a more definite manner, and apply the same stimulus or irritant to the heart, to the voluntary muscles, to the muscular coats of the stomach or intestines, and also to the arteries and capillaries, and mark carefully the effects produced on each, we shall find phenomena to which the term irritable is usually applied, to be the result in all the experiments, excepting in that wherein the stimulus has been applied to the blood-vessels: in this an opposite effect to that produced in the others will be observed; and if contraction take place, it will be found to be much more permanent than in these. What, therefore, is the inference? Surely none else can be drawn, than that the contraction, which is sometimes observed to follow the application of a stimulus to the coats of an artery, being different

from that observed in parts acknowledged to contract in the manner which has been called irritable, and being only an occasional phenomenon, admitting of a different explanation from the one which uniformly occurs in muscular parts, cannot be considered to be the same as it. The contraction observed to follow the denudation of, and application of stimuli to an artery, must be referred to the contractile energy with which its parietes are endowed during the continuance of the life of the tissues, which property Dr. Parry has, with seeming propriety, called the tonic contractility of the vessel, and, in some instances, to the condensation of its coats by the stimulus employed. It is undoubtedly the gradual exertion of the tonic contractility of the arteries which assists in emptying them, and in keeping up the circulation in the capillaries, after the heart has ceased to act; although these phenomena may, perhaps, be also, in part, ascribed to the vital property of the capillaries themselves, which is not altogether destroyed at the time when the heart has ceased to act; but which property, we have good reasons for believing, is not the same in every respect with that usually called irritable. It should be also kept in recollection, that several of the agents employed as stimuli or irritants in experiments on the blood-vessels are actually powerful astringents of their coats, condensing their tissues, and thus giving rise to the phenomenon of contraction: we need only refer to one agent very generally employed, whose effects in this way we have often observed—we allude to the *oleum terebinthinæ*.

Dr. Ch. Parry very justly argues that, even granting the vessels to possess the property of alternate contraction and dilatation, the admission would not explain all the phenomena of the circulation of the blood through them, but, in fact, throw an insurmountable obstacle in the way of every attempt at reconciling these phenomena with one another.

As to the influence of the blood itself on the phenomena of its circulation, Dr. Ch. Parry seems inclined, from the following passage, to refer much more to this fluid than we are inclined to admit, inasmuch as his opinion is founded on the postulatam, that the blood is the seat and source of life:—

‘Independently of the common alternative in the modification of the heart’s action, or the altered condition of the larger vessels, I cannot help ascribing much that may not be explained by the tonic or elastic powers of the minute vessels, to changes in the blood itself, so particularly manifest under the circumstances which accompany the phenomenon in question. While no minuteness of examination, with or without the lens, has enabled various observers to detect the supposed alteration in the vascular tunics, the



changes in the blood itself, under the influence of stimuli, have escaped the observation of no single experimentalist.

‘The vitality of this fluid, the physical cause of life, and the changes consequent upon the application of stimuli, in its vital or chemical relations, seem indeed, after frequent observation, to be so much greater in point of degree, and so much more important in point of quality, than those of the tube which is the mere vehicle or “carrier,” that, in the absence of direct evidence, it is perhaps more consistent with probability to ascribe to these causes some of the conspicuous effects; and, among others, the accelerated motion through the vessels, under certain circumstances of irritation. Stimuli appear in this respect to act on this important vital fluid through dense media, very much as the magnetic influence operates upon its related properties, and to excite motion in matter with which it has affinity, even through obstructing or intervening substances.’—Pp. 28, 29.

We confess we cannot perceive the affinity, or the relation of properties, between a mechanical irritant or a mental stimulus and the vitality of the blood, even granting the blood to be the seat of life,—a position for which Dr. Ch. Parry here contends; but we may trace the relation of these and other stimuli with the capillary vessels, and, from the action of the former upon the latter, explain how an increased flow of blood is the result.

Dr. Ch. Parry next enters, at considerable length, into an examination of Mr. C. Bell’s views respecting the circulation, and combats, with much dexterity and success, several of his opinions, particularly those relating to the irritability of the arteries—to the muscularity of their middle coat—to a diminution or an entire absence of the attraction of cohesion, as a cause of the accelerated motion of the blood—and to the influence of tortuous arteries. We shall only notice some of Dr. Ch. Parry’s remarks on the last of these topics,—namely, the influence of tortuous arteries on the circulation through them.

On this subject the opinions of Mr. Bell are nearly the same as those generally taught by Surgeons. We are usually told by them, that when, as in the operation for aneurism, a principal trunk of an artery is secured, and the communicating or anastomosing branches become enlarged and tortuous, the current of blood through these vessels is accelerated by the change which takes place. Were it merely a change of the capacity of the vessel which occurs, then indeed an accelerated motion may be inferred. But as we always perceive that, along with the increase of capacity, an increase of the tortuosity also supervenes, we infer that the one condition at least counteracts the change which would be the necessary result of the other, if it does not

even do more than counteract it, and thus render the circulation much slower than in other parts. On this topic we perfectly agree with our very acute author.\*

The force of the arguments as to the influence of tortuous arteries depends upon the assumption of numberless questionable facts and principles; and the subject can only be discussed here in its connexion with the existence and assumed uses of the faculty of irritability. The doctrine assumes, in the first place, the hypothesis of negative attraction; under any other view, the curved form must necessarily retard, and not accelerate, the circulation. It assumes, in the second place, the existence of muscularity and irritability, and their influence on velocity. It takes for granted, in the third place, that increased velocity is necessary to all the functions of parts, in which the specified changes occur. All these points are disputable, and some of them probably the very reverse of the

\* On this subject we may state our own opinion more explicitly. We consider that, when the diameter of an arterial, or capillary vessel, or vessels, is increased, whether this increase occur in consequence of obstruction of the principal branches or trunks, or as a part of the pathological condition of the vessels to which the term inflammatory is applied, an accelerated, as well as an enlarged stream of blood will pass through them, provided that the return of the blood by the venous capillaries and trunks be not impeded or obstructed. This accelerated current will create a demand upon the large trunks and upon the heart itself: hence the action of this viscus will be quickened in proportion to the accelerated flow through the enlarged vessels. But increase of velocity very frequently does not take place, either owing to the return of the blood by the venous capillaries and apparatus being more or less impeded or obstructed, or in consequence of the tortuosity of the arteries themselves, which tortuosity always increases with their augmentation of diameter, and with increase of the functions of the part to which they are distributed, as in the impregnated uterus. We have already referred to the state of the arteries after the operation of aneurism. In cases of this description, the return of the blood through the venous apparatus is generally easy, unimpeded, and even promoted by the position of the limb and of the patient; therefore, if tortuosity of the arteries were not to be in proportion to the increase of their diameters, the accelerated volume of blood passing through them would be unsuitable, as Dr. Ch. Parry has justly observed, to the wants of the part, and would induce, as we have now shewn, a general increase of vascular action. If we observe narrowly the character of the vascular organisation of the encephalon, we must remark that the area of its arteries is great in proportion to the bulk of the part, and the distance at which it is placed from the heart. In consequence of these conditions, an accelerated, as well as an increased flow of blood, would be the result: but the former is more than sufficiently counteracted by the tortuosity of the arteries before they send any ramifications to the encephalon, by their minute division in its substance and membranes, and perhaps, more especially, by the particular nature of the venous apparatus with which this organ is provided, so that not only is accelerated motion provided against, but the impetus of the fluid is diminished below what it is in other parts, whilst the capacity of the arteries supplying the encephalon provides it with a greater volume of blood in proportion to its bulk, than those of any other part. Thus the encephalic organs possess a greater quantity of blood, in a slower state of circulation, and, consequently, in a condition the most favourable to the reparation and supply of their energies.

actual case. The first hypothesis has already been sufficiently considered. The facts of the second division we deny; and, from this author's own shewing, maintain, that they are not only unnecessary to the assumed end, but that the supposed effect is disproved by the very experiments which are adduced in proof. The third assumption is contrary to all probability; and, in the examples cited, we can discover no evidence that such increased velocity exists, whatever may appear in favour of a larger amount of the fluid, for particular purposes, derived to particular seats. Such a structure cannot, Mr. Bell thinks, be for the retardation of the blood, because it occurs wherever the part is subject to an occasional increase of activity.

‘The presumption that increased *activity* must consist in increased rapidity, seems to be founded on a want of distinction, frequently admitted, between the purposes of mere circulation, and those of secretion and other functions. It is certainly not evident that, in these cases, an increased activity implies an increased, or more rapid, circulation; and while it is not clear that this remarkable increase in the force of the circulation really has place, it is, at the same time, not evident that such a condition might not, if required, be consistent even with such a retardation as is usually attributed to the tortuous form. There might be such a coincidence. It seems, however, most probable, that when the purposes of mere circulation are not to be answered, admitting that the demand for more blood is facilitated by such a structure, an increased velocity, or even a continuance of the same degree of velocity, would be less favourable to the purposes of secretion and growth than a slower process.’—P. 58.

After quoting the opinion of John Hunter on this topic, Dr. Ch. Parry remarks, that

‘We have, among many others, the authority of Dr. Hales for believing that “the different secretions are not made pleno-gurgite, that is, with the full force of the arterial blood;” and we know, in fact, that, where the blood is much accelerated in local or general inflammations, the blood itself assumes a condition unfavourable to some of the natural secretions, which in the same proportion become diminished; while, at the same time, the growth of the body is so far from increasing, that the reverse state, or that of wasting, occurs: we know also that, in advanced life, when partial and general diminution of activity occurs, the vessels universally become more tortuous; the retarded circulation thus probably allowing a greater facility for the slower functions of secretion and nutrition, and preventing, in vital parts, the dangerous effects of casually accelerated circulation, in vessels less capable of resisting the usual *vis à tergo*, and the injuries connected with a less regular impulse.’—P. 60.

The following passages place in a distinct point of view our author's conclusions respecting the part performed by the arteries in the process of circulation, which conclusions seem

to us to be drawn from a careful and intimate view of the phenomena of the circulation :—

‘ With him (Mr. Bell) we readily admit, as we have before granted to others, that “ arteries are fibrous, dilatable, contractile ; and that a certain proportion of this contractility depends upon the life, and ceases with it ; that the velocity of the blood in the different branches of the arterial system is not the same ; that parts in disease have a different condition from that which prevails under health and ordinary circulation.” But it does not follow that all these are dependent, as has been supposed, on simple varieties of velocity and slowness of the blood, or, as it is called, partial increase or diminution of action. Many of them may be different in kind from such an exhibition of function.’ — P. 64.

‘ On the whole, there is no evidence sufficiently decisive to authorise the conclusion that the arterial and capillary powers are identical with the irritability of other parts. If contraction, on the application of a stimulus, seems, according to some experiments, to belong to them, it is still more clear that they will, under particular states of excitement, dilate, and, according to the opinion of some inquirers, undergo certain tortuous and vermicular, or other anomalous movements. It is very evident, as has before been more than once observed, that the arteries possess a high degree of contractility. They possess also, in a considerable degree, the power of dilatation. This power of contraction differs, however, so far from any known effect of irritability, as, under particular circumstances, to produce the permanent effect of a completely impervious condition of the tube ; and that power of dilatation, in various instances of continued impulse, frequently from increased action of the heart, induces likewise a permanently enlarged calibre of the vessel, giving occasion, under certain conditions of pressure and obstruction, to the appearance of pulsation, and the phenomena supposed to be indicative of action increased.

‘ That local contraction of a portion of a vessel may occur without increased action of the heart, is so possible, that the opposite state of dilatation is that which we expect to arise under such an influence. On the other hand, under extreme debility and exhaustion, the occurrence of the first-mentioned effect has, not unfrequently, been observed. That local dilatation may occur without it is also very evident, when we consider the various causes which may combine, independently of the heart, to produce local momentum. But, is there no possible modification of tonicity itself, by which local changes may be effected, though this power does not strictly coincide with that contraction on stimulus which is called irritability ? Why may not the tonicity vary in degree, or be variously combined or affected by the different agents with which it is related ? Such an admission has, indeed, been made, and required, by Dr. Parry.’ — Pp. 64—67.

And we see no reason that the admission should not be allowed, nor that some degree of influence upon the vessels

should not be imputed to the condition of, or changes in, the contained or circulating fluid: but to proceed with our author:—

‘The vessels then, in every part of the system, are endowed with a vital power of contractility, which has been denominated, by Dr. Parry, tonicity; of which the common condition is a mean state of contraction, capable of increase or diminution under the different circumstances in which the animal body is placed, in its relation to external or internal causes. They are also endowed with the mechanical power of elasticity, a combination which distinguishes them from most other composite parts of the body, and which is rendered necessary by the complex and varying functions they are called to perform. According to the evidence we possess, the capillaries, or smaller series of sanguiferous vessels, do not possess those powers in a higher degree than the rest; though for certain specific functions, which distinguish them from other parts of the vascular system, they are probably endowed with powers, in regard to the circulation, somewhat different in their nature from that of the other vessels, whether, according to recently revived opinion, that difference consist in attraction or affinity for the blood, or in some indefinable relation between the contained fluid and the containing tunics. That irritability alone is insufficient for the specific purposes to which these more minute vessels are destined, is clear, from a review of the peculiar effects of this power in all the seats where it exists.’—P. 68.

CHAP. II. INFLAMMATION.—It is clear, as Dr. Ch. Parry observes, ‘that in denying the existence of irritability, strictly so called, we must also at once discard the supposed effects of stimuli in destroying, under a perfect state of the organisation, this supposed vital power of the vessels, and in this manner giving occasion to the congestion, constituting, on this theory, the essential condition of inflammation.’ And admitting that an enlargement or dilatation of the capillary or smaller series of vessels actually obtains, we cannot ascribe it to the sudden diminution or loss of this power, since we have no sufficient evidence that they possess it. Dr. Ch. Parry is much more inclined ‘to attribute the increased capacity of the vessels in these cases to an increased volume and altered constitution of the contained fluid, than the increased volume and visible changes in the blood to any modification of the vital power, similar to that which is expressed by the term debility. But here we think that he is nearly as far wrong as the supporters of the doctrine of capillary debility; and that, in attributing the increased capacity of the vessels in inflammation (and, if we understand him aright, it is acute inflammation he is considering,) to ‘an increased volume and altered constitution of the contained fluid, he



substitutes the effect for the cause, and refers what belongs to the altered vital condition of the capillaries to the changes which that condition produces on their contents.

Dr. Ch. Parry next proceeds to reason—and he does so with much force—against the doctrine that the dilatation of the capillaries in acute inflammation is the result of exhaustion or debility, as espoused by Dr. W. Philip, Dr. Hastings, and others; and examines in detail the explanations of each of the characteristic phenomena of inflammation, as given by the abettors of this doctrine. Into this part of the discussion we cannot enter, farther than to state briefly, that the *throbbing* in inflammation, which Dr. Philip imputes to increased action, or a more vigorous contraction of the larger arteries proceeding to the inflamed part, the capillaries of which are debilitated, Dr. Parry ascribes to increased momentum, which momentum he seems to consider generally to precede the capillary dilatation, and to be the cause of it;\*—that the *swelling*, which Dr. Philip and Dr. Hastings consider to arise from a large volume of blood propelled into, and accumulated in, the already debilitated and dilated capillaries, Dr. Parry believes to be owing to ‘vital or mechanical distension of the vessels, to changes produced in the blood itself in the early stages, and to many other causes, as the disease advances,’ and not to an assumed state of debility in the vessels;—that the *redness* of an inflamed part, which is also ascribed to the debilitated and dilated state of the capillaries by the two former pathologists, is imputed by Dr. Ch. Parry to a vital distension of the vessels without debility, and to a heightened colour of the blood, arising from changes in itself;—that the increased *temperature*, which cannot be explained in strict accordance with the doctrine of capillary debility, may be accounted for according to that of increased momentum, which, ‘by admitting varieties of quantity and velocity, and the communication of heat in a certain ratio with the circulation, however little explanatory of all the circumstances, appears more consonant to probability and analogy, and more in accordance with usual occurrences, than this doctrine of torpor and inaction.’ ‘It is, at all events, evident,’ Dr. Ch. Parry remarks in continuation, ‘that, under the influence of an increased momentum, more heat may circulate through a

\* We should be much more inclined to ascribe the increased momentum to previous increase of capacity or dilatation of the capillaries,—the dilatation being the consequence of an altered condition of the vital properties of the capillaries, the increased momentum or acceleration of the circulation arising from that dilatation, according to acknowledged principles in physics.



part in a given time than under natural circumstances, whether we admit an increased velocity as the source of this increase, or the equally possible fact of an increased amount.'

The following passage contains a more distinct view of the late Dr. Parry's opinion respecting the nature of inflammation, than is to be met with in the 'Elements;' although, in justice to him, we must admit that it is in accordance with what is stated in that very excellent production. We may, however, remark, that as respects this particular subject, and, indeed, the other subjects discussed in the present volume, the commentator has insisted chiefly upon the primary changes probably existing in the seat of disease, whilst this eminent author seized upon the more palpable pathological condition characterising disorder, and merely glanced by the way at the previous condition, or more immediate cause of derangement. It is, we think, owing to this circumstance, that he has been misunderstood in some instances, and in others has become open to criticism, which we cannot, therefore, consider as either unjust or altogether undeserved.

'According to Dr. Parry, the symptoms of inflammation are durable preternatural fulness, and consequent distension, of the vessels, increased redness, heat, and tenderness. He endeavours to prove, from the temperament and age usually affected, from causes producing increased impetus, from local inflammation actually produced by such causes, from the greater quantity of blood, and a velocity as great in parts which are inflamed, and from the jets of blood from the cephalic vein under gouty inflammation of the wrist, that, in *certain stages* of inflammation, an excessive momentum of blood exists in the vessels of inflamed parts, which must be considered an indispensable cause of what we see in inflammation. He considers that the immediate cause of local predisposition is a proneness to dilatation in the vessels of the part liable to such maladies. He is so far from asserting that the morbid dilatation is the mere mechanical effect of general increased impetus, that, on the contrary, he endeavours to shew, in various places, that the fulness constituting part of the local momentum often accompanies a dilatation of vessels, arising from causes acting merely on their own tonicity, without any increase of the *vis à tergo* from the heart; and even that the increased action of the heart often follows, instead of preceding, the excessive local dilatation: thus, that though inflammation may arise from general increased impetus, it may *sometimes occur* without it. He considers the capillary system, in all the different textures, to be the one primarily affected in this morbid change. Dr. Parry farther shews, that different changes occur in different periods of inflammatory disease, so that the phenomena may at one time be essentially different from those previously existing; thus, in a phlegmon, tonicity

of the capillaries might be lost, after undue dilatation. In speaking of excessive momentum in inflammation, he refers to what may properly be called the acute stage of the malady, which is essential to the production of all the subsequent phenomena.'—P. 96.

It will be observed that both here, and in his previous disquisitions, Dr. Ch. Parry takes little or no notice of pain or tenderness as an attendant phenomenon on inflammation, and, perhaps, the omission may be accounted for, from the difficulty of explaining it according to the doctrine of increased momentum. Dr. Ch. Parry states, in another place, that—

'It has been admitted by Dr. Parry, that causes acting on the tonicity of the vessels may be productive of local changes, and may, therefore, be instrumental in effecting the condition called inflammation. And, who shall deny to any one vital faculty more than to another the possibility of modification, though the nature of such change cannot be exactly defined? What explanation can the advocates for irritability give of this original or modified faculty to warrant, on their part, any inquiry as to the nature and modes of tonicity? Without assuming a contraction of the arterial tunics, on the application of a stimulus, as their specific property, it is surely not irregular to assert the want of tonic power, as a condition to which those parts may be liable.'—P. 84.

According to this, and, indeed, to several passages in the 'Elements,' and considering, as Dr. Parry very justly does, that species of contractility, observed in the arteries and capillaries, which he calls tonicity, as being a vital property as much as irritability is, we see no sufficient reason for considering the doctrine founded on it to be a mechanical one. It is true that he brings in mechanical aid to his assistance, and refers more to it than strictly belongs to it; but in what part of the animal frame can we altogether dispense with such means?

'Dr. Parry's view of inflammation is, in the next place, called a mechanical one. What! the vital tonic agency which occasions dilatation, or contraction? the exertion of that vital power, without which, under either alternative, inflammation could not occur? for, though this state may arise without increased impetus from the heart, it cannot occur as a consequence of any remote cause, without a modification of that vital contractility in the vessels of the part, on which itself depends the predisposition or proneness to dilatation.'—P. 98.

We cannot follow our author in his long disquisitions on subordinate points connected with the subject of inflammation, nor review his criticisms of the experiments and opinions of those who support the doctrine of capillary debility. They are generally acute, and often successful; but, from his

evident desire of producing absolute conviction on the minds of his readers, he often falls into repetitions, and is therefore occasionally even tedious. He takes no notice of the doctrine which imputes inflammation to an excited or erythimal condition of the capillaries, similar to what is observed in some parts of the sexual system of textures, when they are excited by mental or other stimuli.

We shall take leave of the subject with the following table, given by the author, of the different properties evinced by the faculties distinguished by the names Irritability and Tonicity :—

‘ IRRITABILITY, not excited, accumulates.	TONICITY, not called forth, is lost.
‘ Irritability survives the life of other parts.	Tonicity does not so survive.
‘ Irritability acts under stimulus alone.	The effects of tonicity are most manifest under the absence of stimulus.
‘ The highest degree of irritability is said to be attended by alternating relaxation. Irritability can never permanently contract.	The highest degree of tonicity is permanent contraction.
‘ Irritability is independent of the brain, though it may be influenced through it, and by other stimuli.	Tonicity seems derived from the brain, and is not acted on by stimuli.
‘ Irritability has no necessary connexion, in its seats, with the elastic power.	Tonicity and elasticity are generally united for their destined purposes in the animal economy.
‘ The actions of irritability, according to certain recent experiments, are often not manifested in one or two hours, under the influence of stimuli, which are said ultimately to affect them.	The action of tonicity is immediate. Remove the blood, or render it unnecessary, contraction immediately follows.
‘ Irritability has no mean state. It exists only under excitement.	Tonicity has a mean state, and is manifested under the absence of excitement.

We must defer the analyses of the two remaining essays in this volume to our next Number. In the mean while, we may state that the author has evinced talents of the first order for pathological discussion, and shewn that the unpublished writings of Dr. Parry will be edited by one well able to do them and the subjects they embrace every justice.

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## PART III.

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### ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND  
SURGICAL SCIENCE AND LITERATURE.

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*Traité des Convulsions chez les Femmes Enceintes, en Travail, et en Couche.* Par ANTOINE MIGUEL, Membre adj. de l'Académie Royale de Médecine, &c. 1 vol. 8vo. Pp. 164. Paris, 1824.

*A Treatise on Convulsions during Pregnancy, Labour, and the Puerperal State.* By ANTOINE MIGUEL, Associated Member of the Royal Academy of Medicine, &c.

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THE uninterrupted interchange of medical opinions which has now for some years existed between France and this country has doubtless been beneficial to both parties: although it would be difficult to point out all the particulars in which each has derived advantage, without offending the national feelings of both. The little work before us, which gained the prize of the Society of Medicine in Paris in the year 1820, and which is a sort of compendium of the opinions and mode of treatment adopted by the principal French Practitioners in a class of diseases active in their nature and serious in their effects, is, with a few exceptions, no unfair specimen of the just views and rational *hygiène* prevailing in that country (we had almost said beginning to prevail) in the present day.

M. Miguel includes under the term convulsions all the irregular or violent muscular actions constituting the varieties of the tonic and clonic spasm, or nearly all the affections included in Cullen's order of spasmi. As we chiefly design to notice such parts of the treatise as relate to practice, we shall not take much pains either to enforce or combat the idea of the cause of convulsions being an augmented activity, or an excess, of *life*. The connexion between irregular actions of the muscular parts of the body and irritations of the brain and nerves is sufficiently proved by numerous phenomena; and the dependence of muscular action in all its modifications on certain conditions of the cerebral or nervous system is sufficiently established by every day's observation, to justify the expression of Bichat that the muscles are the thermometer of the brain. But when we would pass beyond an observation of the phenomena attendant on convulsive action, preceding it, cotemporary with it, or following it; and would explain the precise manner in which evident irritations produce the effects observed to spring from them; we enter the confines of an unknown territory, where the ingenuity of

former explorers, of former physiologists and pathologists, has too often been exercised in the invention of terms by which the mind was satisfied without any real increase of knowledge. The confession of ignorance is never made without pain; and it has consequently been the frequent aim of learned inquirers into abstruse questions to avoid an humiliation which their industry at least did not merit, and which was disappointing and mortifying to their hopes and their ambition. And thus M. Miguel, observing, as all of us may have done, that there is a peculiar susceptibility to nervous impressions in a state of pregnancy, often productive of convulsive, or at least of what we should term spasmodic actions; and that the infantile state is similarly characterised, does not confess, as we are most ready to do, that the peculiar conditions then existing, of which that increased susceptibility is the result, admit of no intelligible explanation, but pleases himself with the harmless imagination that an idea of such condition is clearly conveyed to his readers by the phrase 'excess of life,' 'a more active vitality,' which undoubtedly leaves us just where we were before. It is not merely that the explanation, admitting it to be one, could not be extended to the numerous cases which occur in persons not infants, and not pregnant; but to have a clear conception of an excess of life we should possess a previous clear idea of life itself, whereas there are few things about which we are morally, physically, physiologically, and philosophically, so much in the dark; and the gradations of vital activity must unquestionably be placed amongst things not understood so long as vitality itself is a mystery to us; gradations which we can neither measure nor appreciate, and to which, for any purpose of explanation, we cannot fairly have recourse.

Convulsions arising during pregnancy depend not only on the general state induced at such a time, but also on the peculiar sympathies existing between other organs and the uterus. The state of pregnancy is a state of plethora, and plethora was observed to be a cause of convulsions even by Hippocrates, who, as well as Galen after him, considered plethora and its opposite state, or inanition, to be the *only* causes of convulsions; having perhaps observed that convulsions supervene on fatal hæmorrhages. We can scarcely be said to have more light on the matter at present; and a distinguished practical Physician in the last century confessed that he knew no better treatment in epilepsy, one of the most fearful and obstinate of convulsive affections, than to weaken the patient if he was strong, and to strengthen him if he was weak. To the above causes of convulsions in the pregnant state our author adds distension and irritation of the uterus; abuse of venery; improprieties of diet; (particularly the immoderate use of coffee, which is more common in the country of the author than in our own;) and the influence of the passions, especially that of anger. The sense in which he employs the term convulsions causes him of course to include under it several inconveniences incidental to pregnancy, to which, although they may arise from actions strictly

convulsive, we are not in the habit of familiarly applying that expression, such as vomiting, palpitations, hiccough, cough, cramp, &c.; and he divides the whole into external, internal, and mixed, according as they affect the voluntary muscles, the involuntary, or both. He considers partial convulsions as generally sympathetic, and general convulsions as idiopathic, or dependent on local congestion.

It appears to us that the desire of forming nice distinctions between different varieties of convulsive affections, whilst it has often led to troublesome consequences, has been for the most part useless, and not entirely unproductive of inconvenience and of embarrassment. There is a sufficient analogy between apoplexy, paralysis, epilepsy, hysteria, chorea, and even tetanus and other varieties of spasm and convulsion, to vindicate their origin from causes of the same species, though differing in degree and, in various instances, variously modified: and the exactness of diagnosis is assuredly often impeded by the commingling and the interchangeableness of one or more of these affections. Thus, in the words of our author:—

‘The convulsions which accompany these diseases are of the same nature with those which happen to pregnant women; they consist of a morbid contraction of muscles, and are caused by an idiopathic or sympathetic affection of the cerebral organ.’—‘The convulsions which occur during pregnancy approach apoplexy on the one hand, by the coma, the stertorous breathing, the lethargy, the loss of sense, and the subsequent paralysis sometimes observed; on the other, they have a relation to epilepsy by the convulsive agitation of the limbs, by the foaming of the mouth, and the return of consciousness immediately after the paroxysm; and they seem, in the last place, to belong to hysteria when the consciousness is preserved, and the sympathetic affection of the cerebral organ is solely indicated by external agitation. I shall therefore not call these convulsions apoplexy, nor epilepsy, nor hysteria; I shall only say that I consider them the effect of a cerebral re-action, the intensity of which may differ in each individual and in every attack: that from involuntary shuddering, the superficial trembling of the external muscles, up to the violent agitations of epilepsy, or to the fixed and permanent distension of tetanus, there are innumerable shades, all belonging to a perversion of muscular action, and all dependent on the vitiated influence of the brain, spinal marrow, or nerves: that when the affection of what is called the general nervous system is only in a feeble degree, an analogous degree of tonic or clonic spasm is produced; that as this affection increases in intensity, the convulsions increase in energy, until, the brain being affected up to the point of epilepsy, the convulsive attack has the precise epileptic character; that if the cerebral alteration is carried still further, symptoms of apoplexy are manifested, the brain is so affected as to be unable to re-act with sufficient force for the elicitation of any kind of motion in the muscles, and the very principle of



their motion is destroyed, of which paralysis, or even death, is the natural result.'—Pp. 58, 59.

On the varieties of partial convulsions it is not necessary for us to dwell: they are separately and somewhat minutely spoken of by the author; but though some of them are troublesome, few of them are dangerous, and those rarely: neither do we find any thing important in M. Miguel's treatment of convulsions during pregnancy not already known to English Practitioners. Blood-letting, general or local—antispasmodics, external or internal—and external irritants,—seem the means best calculated to check the whole class of them; depending, as all of the class do, on one kind of cause, a combination of plethora and nervous irritation. Two cases are alluded to, in which Fielitz cured very obstinate vomiting by small doses of supertartrate of potash mixed with sugar or with musk.

Respecting the danger even of general convulsions, occurring during the pregnant state, there is a good deal of discrepancy of opinion among writers on midwifery. Dubois considers them even more dangerous than hæmorrhage. Baudelocque does not look upon them as quite so serious. The truth is, they vary so much in different cases that no general prognostic rules can be laid down. Those of the slighter kind have been deemed by some modern authors, as they were by Hippocrates, rather salutary than hurtful. There can be no question about the importance of attending to the precursory symptoms, for slight affections may be the prelude to those of the most frightful violence; and in no disease could M. Miguel have more aptly quoted the expression of Seneca:—  
'Primum facilius est excludere perniciosa quàm regere, et non admittere quàm admissa moderari.'

'In ordinary cases, dull pains, great anxiety, tinnitus aurium, dimness of sight, vertigo, shiverings, somnolency, startings of the limbs, sensations of pricking, a feeling of oppression, and difficult breathing, precede the attack.'—P. 53.

We should consider severe headach as of itself a sufficient cause of alarm.

The treatment advocated by M. Miguel differs little from that uniformly adopted in this country; bleeding being the first among the means of relief. The French Practitioners have been divided in opinion respecting the advantage of bleeding from the foot, in preference to drawing blood from the arm. M. Baudelocque thinks that the latter plan, as well as the administration of antispasmodics, produces an aggravation of the disorder. M. Miguel, however, thinks leeches should be applied to the feet, 'according to the rules of revulsion established by Barthez:' but this is not very satisfactory. It seems at least certain, that in convulsions of this description, and of that which follows, venesection is the remedy mainly to be trusted to, and that it should not be timidly employed.

As convulsions are more important in the latter stages of pregnancy than at an earlier period, so are they also more dangerous when occurring during labour than before; and the earlier during

labour the greater appears to be the danger. They are also, comparatively speaking at least, more frequent. That the state of pregnancy and the circumstances of labour predispose to convulsions, is, we believe, at present generally admitted, although it has now and then been denied. Every obstacle arising out of defective conformation of the mother or the infant, and resisting the contractive efforts of the uterus, may become a cause of convulsions. To these M. M. adds a state of plethora, or of increased nervous irritability, both of which may be aggravated by a hot regimen, cordials, wine, brandy, or other stimulants, or by the passions. To these the Practitioners of our own country would add, a neglected state of the bowels. Sometimes a neglected state of the bladder has been a cause of convulsions, of which a remarkable case is related by La Motte, and inserted in M. Miguel's treatise, p. 116.

Our author adopts M. Dubois' division of uterine contraction into two kinds, the *physiological*, and the *pathological*. The first is that kind of contraction which ends in the birth of the child:—

‘But when, in consequence of some mechanical obstacle, or some morbid condition of the foetus or of the mother, the labour continues without delivery taking place, for instance when the presentation is unfavourable to expulsion, the strength of the mother is gradually exhausted, the contractions cease, and the wearied uterus remains some time in a state of rest. It is then said that the uterus is inert, and requires stimulants; and in this case we are advised by authors to give purgatives, irritating clysters, senna, jalap, ergot of rye, &c. But if we are observant of nature, we shall soon perceive the danger, or at least the inutility, of remedies of this kind. The uterine contractions have ceased; not because the uterus was too feeble to expel the foetus, but because the period of delivery had arrived, and because, in the ordinary course of things, delivery should have taken place. It would seem that the uterus has a given sum of strength to spend in effecting delivery; and if any obstacle has opposed the expulsion of the foetus until this sum is expended, it is necessary for labour to be suspended, that the uterus may have time to get more. In fact, in five or six hours, sometimes earlier, sometimes only after whole days, the contractions are renewed: but the contractions are no longer of the natural order; they are truly *pathological*, and might very properly be termed convulsive: indeed they are frequently accompanied by general convulsions.’—Pp. 94, 95.

With respect to the treatment of convulsions occurring during labour, some of the particular causes above enumerated may require especial attention; but, in the general principles of practice, M. Miguel seems to accord with English Practitioners. He follows Mauriceau, De la Motte, and Baudelocque, in disapproving, as a constant rule, having immediate recourse to delivery. His observations on the subject of proceeding to it, and mode of accomplishing it in different circumstances, though perhaps not original, are sensible, and worthy the perusal of those who practise this department of the Profession. In cases of unyielding and extreme rigidity of the os uteri, he thinks there has been too great a repugnance to making

incisions in the edge of that orifice, and he justifies this opinion by a reference to Baudelocque. Unless, however, in cases where the os uteri is scirrhus, we should rather praise delay in such a case, and trust to free depletion, the warm bath, and other means for producing ultimate relaxation. It is probable that these measures would seldom fail, if our patience did not. And, although no consideration should put us off the watch, we are not wholly to forget that the convulsions may not necessarily be connected with the process of labour, but may cease, and the os uteri remain closed. We may mention here, that it is precisely in the above cases that the local employment of belladonna in the manner first practised by Chaussier has been found successful.\*

The third division of M. Miguel's work treats of convulsions occurring after delivery. These will be less likely to happen in proportion to the attention which has been paid to symptoms threatening them at an earlier period, and to the activity of our previous practice if they have actually appeared. Much stress is laid by the author on this circumstance of previous occurrence, either during the progress of pregnancy or the process of labour, in which case slight additional accidents, pain, excoriations, clots of coagulated blood retained in the uterus, are sufficient to induce their repetition. They may arise from loss of blood, from laceration or inflammation of the uterus, from peritonitis, &c. M. Miguel recounts several not very successful attempts to explain the connexion between convulsions and fatal hæmorrhage. M. Baumes attributes the convulsions in this instance to a deficiency of tension: Leroux looks upon them as conservative efforts of nature; as did also Baillou; which opinion has been adopted by M. Broussais. Bichat considered them the result of *negative excitation*; and M. Miguel prefers his opinion to that of the rest, although he acknowledges it is only hypothetical. It is more important to know that hæmorrhage, attended by convulsions, is almost constantly, if not invariably, fatal. We cannot agree with the author in considering the free employment of purgatives, even of an active kind, as having any thing to do with the production either of convulsions or of after-pains: we have no doubt of the neglect of these medicines being sufficient of itself to produce both.

Venesection may be called for even in the convulsions which occur after delivery, and blistering may be useful, especially when there is any degree of coma: nor are antispasmodics and anodynes to be neglected. M. Girard advises the injection into the uterus of one dram of laudanum in a pint of tepid water. When the convulsions have supervened on hæmorrhage, the hæmorrhage of course demands our first attention.

We have been led to say more on the subject of M. Miguel's treatise than is perhaps justified by its character, or by that of the disease to which it relates. It is the severity, rather than the fre-

\* For a particular account of this, we refer the reader to our Number for March 1824, p. 261.

quency, of convulsions, either in the state of pregnancy or during or after labour, which makes them important. We believe it would be found, on inquiry, that many country Practitioners have spent their lives in extensive practice without meeting half a dozen cases of a nearer approach to puerperal convulsions than severe attacks of rigor. When convulsions do occur, however, they are terrible in appearance and serious in their consequences, and no man should be unprepared to control them. Even should we be disposed to admit, with the followers of Stahl, that convulsions are in all cases natural attempts at a salutary end, they do not the less require to be regulated in some instances, and in others restrained. The treatment detailed in M. Miguel's treatise is, as we have already said, rather a compendium of that advised by the best French authorities, than original: and if we found any fault with it, it would be for not giving due importance to the free evacuation of the bowels. Several highly interesting cases are appended to each division of the work, from which we are unable to make any selections; and although the methodical divisions and subdivisions, and the elaborate discussion of separate points, which form a peculiar feature in almost all the productions of the French school, give to the book more the appearance of an academical exercise than of a practical treatise, we willingly acknowledge the clear and judicious manner in which the sentiments and views of many eminent writers are brought forward and examined in it, and consider the work altogether well deserving of a place in the library of every accoucheur.

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## PART IV.

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### MONTHLY COLLECTION

OF

### MEDICAL FACTS AND OBSERVATIONS.

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#### PATHOLOGY.

*Of Mental Alienation; with Fifty Cases in which the Brain was examined after Death.* By M. NEUMANN, Counsellor Royal of Medicine to the King of Prussia, and Physician to the Hospital of Charity, Berlin.

(Continued from page 249.)

CASE XXIX.—J. S. was seven years in the institution, and died at the age of forty-one. He was at first hypochondriacal, and, subsequently, completely maniacal, apparently owing to onanism, to which he addicted himself furiously.

There was no irregularity in the conformation of the cranium, of the meninges, nor of the encephalic organs and ventricles, excepting a very small quantity of sanguineous serosity in the fourth ventricle. But in the middle of the superior surface of both the anterior lobes of the brain, beneath the pia mater, calculous concretions were formed, of which, that of the right side was the size of a pea, and of a circular form: that of the other side was smaller.

CASE XXX. — F. P., button-maker, aged forty-five years, became, at the commencement of April 1821, suddenly frenitical, without any cause that could be determined. It seemed, at first, as if an antiphlogistic treatment would cure him; for after four days, he had some sleep, and spoke in a connected manner, but with an effort. But he sank, on the 10th of April, into a soporose state, and died on the 12th.

The substance of the encephalon offered no irregularity. The ventricles were devoid of serum: the vessels of the choroid plexus were empty, as were also those of the pia mater. The dura mater was not only attached very closely to the cranium, but it also had considerable gelatinous collections between it and the arachnoid. The inflammation of this membrane had also extended into the vertebral canal, where it had occasioned an abundant exudation of sanguineous serum, which flowed out of the canal.

CASE XXXI. — F. S., labourer, aged forty, had a singularly formed cranium. The squamous portion of the left temporal bone formed the most prominent part of the cranium. The left side of the coronal suture was also altogether oblique and driven forwards, so that the head appeared, at its anterior part, as if thrown to the left and embossed. Notwithstanding this, the patient had been a soldier, and had enjoyed good health until his thirty-seventh year. At this age he exhibited some harmless derangement of the mental faculties: but, becoming more and more incapable of labour, he frequently was in want, and was obliged to live on the worst kind of aliment; hence, perhaps, originated the pulmonary consumption, of which he died in the hospital.

The cranium, much thickened at its hind part, was very thin at the part thrown forwards; the brain, consequently, was as oblique as the cranium. The anterior and middle lobes of the left hemisphere were much larger than those of the right. In the midst of the medullary substance of these lobes three large hydatids were found: one was almost immediately beneath the cortical substance, two were lodged more deeply. The cerebral vessels were all loaded with blood. The fourth ventricle was small; both the lateral ventricles contained much water. Lungs full of tubercles.

CASE XXXII. — A labourer, aged sixty-eight, received as an idiot, but evidently apoplectic at the time of admission; died seven days afterwards.—Dura mater adhering closely to the cranium; cerebral vessels gorged with blood; lateral ventricles empty and small; considerable-sized hydatids between each choroid plexus;

heart flabby, small, and soft; right lung full of tubercles, the left sound.\*

CASE XXXIII. — A girl, aged twenty, had, at four years of age, an eruption on the head, which had been healed. After the disappearance of the eruption, she became subject to epilepsy, the paroxysms of which augmented in violence and frequency from the time that she became marriageable. The use of the nitrate of silver had produced a tranquil interval of six weeks, when a violent paroxysm supervened, and occasioned her death.†

The structure of the encephalon, of the meninges, and of the encephalic vessels, presented absolutely no alternation, excepting a state approaching to cartilage of the pituitary gland, which was also somewhat enlarged.

CASE XXXIV. — A man, aged forty, active, addicted to the use of spirituous liquors, who ate little at dinner, but breakfasted well, and generally with wine, rum, and liqueurs, was seized, whilst at breakfast, with trembling of the tongue, sparkling of the eyes, excited movements, &c., and fell into a state of mania. He had no paralysis, but a permanent confusion of his ideas, and manifestations of violence; prolonged insomnia, afterwards profound sleep, followed by stupor, alternating with frenzy, but in such a manner as that the paroxysms of the latter (frenzy) became shorter and shorter, and the state of idiotism longer. Finally, another attack of paralysis supervened, with paralysis of the organs of speech: a third attack paralysed the left side; and a fourth produced death.

The dura mater closely united to the cranium; the arachnoid natural; the pia mater, covered with gelatinous exudations, presented some parts of a tendinous firmness: the lateral ventricles full of water: the vessels of the encephalon and choroid plexus scantily furnished with blood: all the medullary substance and particularly the medulla oblongata was as tough as a firm hide — the latter had the solidity of tendon. The conarium was without gravelly matter, and was extremely hard. The corpus striatum of the right side presented the most remarkable alteration: it not only was more voluminous than natural, and gave out some serum from its divided substance, but it also presented throughout a number of black and brown spots.

CASE XXXV. — F. P., an engineer, aged forty-six, robust, and of a lively imagination, had obtained public confidence by his ability, and had amassed, by degrees, some fortune. This success became the cause of an exalted opinion of his own capacity, which ended in insanity. In this state he was happy, gay, cheerful, active, talkative, and intimate at once with every one. He ima-

\* It rarely occurs that the right lung is diseased when the left is quite sound. The contrary is oftener the case.

† We have occasionally remarked, that although the nitrate of silver has lengthened the intervals between the paroxysms of epilepsy, it has increased their violence. — EDIT.



gined himself rich, and wished to make every one happy. He conceived the greatest interest for every body who seemed unhappy, and attached himself to them for the purpose of consoling them, and insisted on communicating to them the contentment which he himself enjoyed. He also was fond of talking of the works which he intended to erect, and which would astonish the world.

We had the satisfaction of restoring him by means of tepid bathing, and chiefly by tartarised antimony in small doses, and afterwards by bodily exercise and labour. He left the hospital perfectly well, and no traces of disorder remained, excepting a great contractility of the pupil, which, on the impression even of a moderate light, was contracted to a point. But our satisfaction did not continue long. Nine months after his departure, he was struck by apoplexy. He could, however, walk, and keep himself erect, and use his arms; but he lost the use of his senses and of his mental faculties, and his countenance evinced, by its want of expression, the destruction of his mind. Another attack, five months afterwards, terminated his life.

There was no morbid alteration of the organs, excepting a fulness of the vessels of the encephalon, and some serum in the ventricles.

CASE XXXVI. — J. R., merchant, aged sixty-two, became idiotic, in consequence of several apoplectic attacks, attended with loss of memory. He died at the end of two months of another apoplectic seizure. — The vessels of the encephalon much enlarged; the medullary substance softened to *bouillie*; a great quantity of serum in the ventricles. The arachnoid was greatly diseased: the dura mater having been removed, the arachnoid seemed as if elevated in the form of coalesced vesicles; and upon dividing it, a great quantity of serum escaped, which had filled all the anfractuositities of the convolutions, and compressed the encephalic surface.

CASE XXXVII. — D. H., aged thirty, carefully educated, had been the subject of a sudden shock, with which she had been seized, at the unexpected intelligence of the death of her lover. She at first lost her speech; her reason afterwards became deranged. It was not until the elapse of about eight months that she recalled the remembrance of her lover's death: from that period her condition was altered. She became tranquil and composed, spoke only of former occurrences, and frequently in a childish manner, when other matters were agitated. These singularities disappeared insensibly, and she continued well for sixteen months. After this time an attack of frenzy seized her, from which she passed to the extreme degree of idiotism, attended with hectic fever. Oedema supervened, and she died at the termination of eight months from the last attack.

The cranium was entirely separated from the dura mater, which presented itself flabby and folded beneath the removed skull-cap. Upon dividing this membrane, about four ounces of a limpid serum escaped. It was impossible to recognise the arachnoid, its

place being occupied by a gelatiniform mass. The encephalon was altogether wasted and flabby, and much too small for the cranial cavity. All the cerebral ventricles contained some water. The cortical substance was tough, but the medullary substance was quite like *bouillie*; at the part where an incision was made, this substance ran together, leaving no trace of the division. The lungs, which were tuberculous, had contracted some adhesions to the costal pleura. The heart was flabby and extremely small — about the size of that of a child ten years of age.

CASE XXXVIII. — R., the widow of a soldier, aged seventy years, died 19th June, 1822, in the hospital, of gangrenous angina. She had been cheerful and active, until her sixty-second year, when her natural vivacity degenerated into mania, without any known cause. After eight years she became all at once entirely free from mental disorder, and continued so for eighteen months. At the end of this time her former mania returned as suddenly as it disappeared; and she died in convulsions nine days after its accession.

The cranium was much thickened: the vessels, membranes, and form of the encephalon, perfectly regular: the medullary substance only more solid than ordinary: some sanguineous serum in the lateral ventricles, and in the spinal canal. The thoracic and abdominal cavities were sound; but the pharynx, tongue, and tonsils, were gangrened. Her continued screams had apparently induced the angina, which had terminated in this manner.

(To be concluded in our next Number.)

*New Doctrine of Mental Disorders.* By M. BAYLE.

FROM two hundred cases, observed with the greatest care, M. Bayle deduces the following corollaries: —

1. The proximate cause of about one-fifth of mental disorders in men, and of a thirtieth or thirty-fifth only in women, is chronic meningitis.
2. It is commonly produced by sanguineous congestion, taking place suddenly or slowly in the vessels of the pia mater.
3. It begins on the inner surface of the cerebral arachnoid, from whence it may extend over the whole of that membrane; but it is always limited to the convexity or internal face of the hemispheres and of the ventricles, without reaching to the base of the brain.
4. It generally consists of three stages; namely, a stage of sanguineous congestion of the pia mater, with irritation of the internal face of the cerebral arachnoid; a stage in which this membrane is inflamed; and a stage of serous exhalation: each of these gives rise to a mental alienation, which may be also divided, according to the changes occurring in the course of the malady, into three corresponding periods; which are, a period of ambitious monomania, with some traces of incomplete paralysis; a period of mania; and of *dementia*, with general and more marked, but incomplete, paralysis.

5. In this disease, the delirium always depends on the irritation of the cortical substance of the brain by the inflamed pia mater and arachnoid.

6. The ambitious monomania of the first period, and the ideas of wealth and greatness observed in the whole course of the disease, are always coincident with permanent sanguineous congestion in the vessels of the pia mater, accompanied by irritation of the internal face of the cerebral arachnoid.

7. The slight traces of incomplete paralysis in the first stage indicate a compression of the brain from sanguineous congestion.

8. The excitement and agitation of this first period are produced by the secondary irritation of the brain, by irritation caused by the internal face of the arachnoid which covers it.

9. In the second stage, the general delirium, and the more or less violent agitation by which it is accompanied, indicate that the irritation of the brain, and consequently the inflammation of the arachnoid on which it depends, are more extreme.

10. Excessively violent and continual agitation is often occasioned by an intensely inflammatory process, which gives rise to an albuminous exhalation on the surface of the arachnoid.

11. Spasmodic and ungovernable agitation, or violent agitation occurring in quotidian or tertian paroxysms, and attacks of an epileptic character, depend on consecutive inflammation of the brain, the upper layers of which become softened, and form adhesions with the pia mater and arachnoid, always extending considerably along the convexity and internal face of the hemispheres.

12. Partial or general tremors, subsultus tendinum, frequent convulsions, stridor dentium, rigidity, tetanic extension, contractions, tremors with contractions, depend also on consecutive inflammation of the grey substance of the brain, but to an extent less considerable than that noticed in the preceding paragraph.

13. Attacks of an apoplectic nature, which are so common in the third stage, are almost always caused by sudden sanguineous congestion in the vessels of the pia mater and brain; very seldom by a determination (*afflux*) of serum, and never by cerebral hæmorrhage.

14. The cessation or diminution of agitation, the great degree of impairment of the intellectual faculties, and the marked but incomplete general palsy observed in the first stage of the third period, are symptoms of compression of the brain, the result of an exhalation of serum in the cavity of the arachnoid, of serous infiltration of the pia mater, and an accumulation of the same kind in the lateral ventricles.

15. Increase of paralysis and of dementia indicate a corresponding increase in the compression of the brain.

16. A state of stupidity, with obliteration of the faculties and ideas, and almost complete general paralysis, is the result of compression of the brain, and consequently of serous accumulation, in the highest degree.

Whether the above corollaries, which are severally reasoned upon

and particularly explained, are correct, or whether M. Bayle has been too prone to 'jump to conclusions,' we do not take upon us to determine: but this is one among the thousand subjects of legitimate research and patient inquiry which furnish work enough for all the active spirits of the Profession, and on which some portion of the industry which has been far otherwise expended might be usefully and honourably, and doubtless most advantageously, employed.

### *Hydrophobia.*

THE appearances, on dissection, in a case of this fearful disorder, related by M. Am. Laennec, of Nantes, were as follows:—

The body was examined twenty-four hours after death.

*External Appearances.*—Muscles very powerful and strongly contracted: face livid. The wound in the left hand shewed a greyish-coloured ulcer, surrounded by a sort of bluish-grey areola, and penetrating into the cellular tissue. (The man was bitten in four places, but the rest of the wounds had healed.)

*Cranium.*—The veins of the integuments, and the sinuses, were gorged with an enormous quantity of black blood: there was a notable quantity of limpid serum of a lemon colour accumulated under the dura mater: the cerebral convolutions were flattened: the arachnoid was thickened, red, and every where gorged with serum. Towards the longitudinal sinus, and about two fingers' breadth above the right meatus auditorius, there was an ecchymosis of the size of a three-francs' piece, adhering to the dura mater, and which could not be separated from the softened subjacent brain. This patch of inflammation was of a red-saffron colour, and covered by a thin layer of bloody *bouillie*, resembling excessively softened cerebral substance: when divided with the knife, it was found not to penetrate into the substance of the brain, and the proximate layer of grey matter was only a little softened: the arachnoid was torn at the place where this change began, and could not be detached from the softened portion of the brain. The whole base of the brain, except the posterior lobe, was of the same colour and similarly changed; but here the arachnoid was not adherent to the dura mater, and in other respects had the same appearance as in the situation of the temporal patch of inflammation. The arachnoid of the base of the cranium was healthy. The cerebral substance, which was of due firmness throughout, presented no appearance of change: the lateral ventricles were dilated and empty: the choroid plexus red, the brain little loaded with blood. There was nothing remarkable in the cerebellum. The medulla oblongata was of due consistence, and of the natural appearance. The spinal arachnoid contained serum; it was a little injected, but not red in any part.

*Neck.*—The parotid and sublingual glands were rather flattened, but healthy: the amygdalæ a little engorged: *there was an ecchymosis of the size of a large lentil at the base of the frenum of the tongue, containing black blood and extravasated fluid.*

The mucous membrane of the air-passages was a little red, particularly upon the vocal chords: no alteration in the larynx. Nothing particular was observed in the pharynx or œsophagus, except that all the mucous glands at the back part and sides of the mouth, at the base of the tongue, and in the upper part of the pharynx, were full and tumid (*engorgées*), and had the appearance and consistence of cartilage.

The eighth pair of nerves (*pneumo-gastrique*) was not altered either in its tissue or its coverings.

*Thorax.* — The left lung had numerous adhesions of old date, and was loaded with frothy and somewhat bloody serum: its appearance was not that of peripneumonic hepatisation, but certain points were redder than others, and, although not without crepitus, discharged a greater quantity of serum when lightly pressed. The mucous membrane of the bronchiæ was red. The right lung was universally adherent, dry, crepitating, and of a faint rose-colour.

The heart was empty, half as large again as the closed hand of the subject, of a hard tissue, and reddish-brown colour: the orifices were natural.

The abdominal parietes were strongly retracted: the stomach contracted and small, its mucous lining healthy: the duodenum deeply tinged with bile: there was an intense and uniform red colour in the termination of the small intestines, the cœcum, and commencement of the colon. The liver was large, of a reddish-brown colour, and gorged with blood. The gall-bladder filled with heavy blackish-coloured bile: the spleen of the usual size: the urinary organs healthy.

Every dissection of a disease so formidable, and so utterly intractable, is interesting. The time, we hope, will come when medicine will achieve a victory even over hydrophobia. The appearances in the above case are similar to those described by M. Trollet, in the *Dict. des Sciences Méd.*, art. RAGE. M. Orfila considers it *certain* that many persons have been cured by the cauterisation of the wounds *and of the pustules*, and concludes his paper with the following question: — ‘In the subject of this case there was a manifest alteration near the frenum of the tongue; for the ecchymosis was carefully dissected, and there was an undoubted alteration of the tissue which contained the extravasated blood: the ecchymosis was of a deeper colour than the blue suffusion which crowned the wound in the hand: was it the result of the formation of pustules, or had it succeeded to them?’

By the report of the case, the man appears to have died four days after the development of the peculiar symptoms of hydrophobia, and twenty-nine days after being bitten.

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*Inflammation of the Spinal Marrow considered as the Cause of several Affections of the Chest and Abdomen.*—[*Rev. Méd., Fevr. 1825.*]

THE following remarks form the basis of a Memoir on this subject promised by M. Desportes:—

The spinal marrow may be inflamed in a part of its length, and even, though more rarely, throughout: it is also important to remark, that the inflammation may not be throughout the whole of its thickness: the inflammation may be chronic or acute. Acute inflammation of the medulla spinalis often commences like lumbago; but a peculiar and inexpressible pain is felt on any motion of the vertebral column, accompanied with the appearance of sparks before the eyes; and also, particularly when the lower portion is the seat of the disease, pain along the course of the sciatic nerves: sometimes there are pains of a rheumatic kind in the loins, or in the sides of the thorax, between the ribs, or in the infra-scapular, humeral, or pectoral muscles. Stiff neck is sometimes, though seldom, a result of inflammation of the upper portion of the spinal marrow: sometimes very severe pains are felt, accompanied with some fever, and remarkable anxiety referred to the chest, diaphragm, or abdomen. In the chronic form of the disease, lumbago is long complained of, and pain in the bones of the vertebral column, chronic sciatica resembling palsy, neuralgia of the penis and testicles, of the bladder, the kidneys, the intestines; of the abdominal parietes and stomach; of the diaphragm, manifested in certain cases of asthma and cramp; also of the lungs and heart, or rather of the pulmonary and cardiac plexuses, occasioning certain species of asthma, angina pectoris, and painful spasms of the heart.

All this, and much more which is advanced by M. Desportes, is very probable, and may be very true; but as we cannot take the liberty of supposing that the facts have been verified by dissection of fatal cases of 'crick' in the neck, and cramp in the stomach, and pain in the bowels, we cannot avoid being apprehensive of being led astray, or help warning the reader that this appearance of exactness, unless it is warranted by actual experience, must do, has ever done, such mischief to the cause of pathology as no ingenuity can atone for.

#### THERAPEUTICS.

*M. Peschier on the Cure of the Goitre.*

BEING frequently called upon to administer aid in cases of goitre, M. Peschier, in 1816, endeavoured to separate from burnt sponge the substance which conferred on it its useful properties; and thinking this might be the alkali, was induced to administer solution of sub-carbonate of soda, more or less disguised by other substances. This attempt was accompanied by complete success, which has never yet been falsified. The effect was such, that, M. Peschier says, at Aubonne (Canton de Vaud), and the neighbouring places, the remedy soon acquired a considerable name for its power of dis-



elling, or considerably diminishing, the goitre; and he refers to the evidence which may be abundantly obtained there, for confirmation. One or two cases are, however, quoted:—Jan. 1. A young girl (Aubonne Isaline Cretigny), fourteen years of age, well formed for her age, was brought to him for assistance. She had a goitre large enough to give the neck the appearance of a cylinder of the diameter of the head. Subcarbonate of soda was administered in the proportion of two gros (118 grains) each day. At the end of the twentieth day the goitre was so far diminished, and the girl's appearance so much altered, that she could scarcely be known for the same person. This was a particularly favourable case.

In ordinary cases, when the goitre is not connected with any general or constitutional affection, M. Peschier dissolves from two gros to half an ounce of subcarbonate of soda in eight ounces of water, and directs that a tablespoonful of this solution should be taken twice a day in half a glass of wine, or sugar and water. Persons who have had no objection have taken the pure solution.

In cases where the enlargement of the thyroid gland has been accompanied by the same affection of the lymphatic ganglions of the neck, bitter and tonic roots, such as gentian, &c., have been added to the alkali; and also purgatives administered, such as rhubarb and senna, with anise or fennel seeds, the whole infused in a bottle of good wine, of which a quarter of a glass has been taken two or three times a day.

In one case, among many others, relief was afforded to a young person who had several enlarged glands on each side of the neck, even after it had been proposed to extirpate them by a surgical operation, the remedy being continued for several months. In other cases, very old suppurations of the glands have been corrected and cured, after they had resisted various modes of treatment.

When, in 1820, Dr. Coindet proposed the use of iodine, M. Peschier also applied it, but, except in one instance, always with the solution of soda. In one case, where tincture of iodine alone was used, the disease resisted the medicine for six weeks, and at the end of that time had become hard, producing a sensation of strangulation. Leaving off the use of iodine, Dr. Peschier first gave purgatives, and then alkali, and attained the end required.

From that time M. Peschier says he has resumed the exclusive use of subcarbonate of soda, and always with success. He suggests the propriety of observing, whether the inhabitants of those places where the water is slightly alkaline are not less liable to goitre than in other places; and whether mixing habitually a small quantity of soda in the water intended to be drunk would not entirely prevent the occurrence of this disease in places where it is now most readily manifested.—*Bib. Univ.* xxvii. 146.

#### *Acupuncture.*

In our last Number we laid before our readers a considerable mass of evidence, which went to prove the safety and utility of this mode of attempting to relieve pain. We have now the less agreeable task

of quoting some evidence of an opposite nature, proving that acupuncture is not only sometimes useless, but not always safe.

At a sitting of the Section of Surgery in the French Academy of Medicine, M. Aumont briefly related the case of an officer on whom acupuncture of the abdomen was performed for the relief of pains which had resisted all other means. The first needle was introduced two fingers' breadth from the umbilicus, and caused severe pain. A second needle was inserted at the same height, and along the inner border of the rectus muscle: the second puncture was scarcely made before the patient fainted; and when he recovered his consciousness he complained of tormenting pain, which was soon accompanied by fever and a distressing heat in this region of the abdomen. This state lasted several days; and when it had yielded to antiphlogistic treatment, the original painful disorder had not suffered the slightest diminution.

On this case being mentioned, M. Béclard, who was present at the sitting, observed that syncope was rather a frequent consequence of acupuncture, and that he had recently witnessed it in a patient after five needles had been inserted into the deltoid, on account of very severe rheumatism in the shoulder, and which had since completely disappeared. He further remarked, that the operation of acupuncture was not to be looked upon as absolutely exempt from accident; and cited the case of a patient into whose leg one needle had been introduced for the relief of very acute nervous pain. The introduction of the needle was painful, and had no sooner been effected than the patient fell into a prolonged syncope, on the cessation of which furious delirium supervened: the cerebral excitement, however, gradually abated, and the patient remained the rest of the day in a state of torpor, which gradually wore away. An abscess subsequently appeared in the seat of the acupuncture.

#### *Two Cases of Accidental Poisoning.*

THE foreign journals contain two recent instances of poisoning, which possess many points of interest. Both were the result of accident; the subject of one was Dr. B——, a physician at Rennes, and that of the other the celebrated chemist, M. Thénard. Dr. B. is one of those ardent pursuers of science who volunteer experiments in their own persons. Having taken a teaspoonful of prussic acid in the morning without inconvenience, he took another teaspoonful after dinner: not satisfied with his escape, he ventured to unite the doses, taking the whole quantity in two portions after the interval of a few seconds between them. He thought it tasted a little stronger than his morning's dose, in fact it was a different preparation, but remarked 'it had not hurt him, however.' But on walking out of the shop, in which he had made this last experiment, he felt an alarming kind of disturbance in his head; he returned, and, after uttering a few words expressive of his apprehensions, fell down '*comme s'il eût été foudroyé.*' The *pharmacien*, who was, of course, in no small trepidation, gave him '*lilium de Paracelse*' and ammo-

nia, though the teeth were so firmly closed that very little of either could be administered.

The other symptoms induced were a continually increasing dyspnoea, the respiration being noisy and rattling; coldness of extremities, distortion of the mouth (from which an odour of bitter almonds was emitted), very small pulse in the right arm and none in the left; the face and neck red and swelled; pupils fixed and dilated; in a word, the state of a man attacked with a fatal apoplexy. The trismus went on increasing in intensity: a violent but brief convulsion followed, and the abdomen, particularly the epigastric region, seemed to become rapidly tumefied. The treatment at this period consisted of frictions with tincture of cantharides and pure ammonia; compresses dipped in the same mixture, and large sinapisms being employed at the same time. An iron spoon was passed between the teeth with great difficulty, and the feathers of a pen made to reach the fauces; this excited efforts to vomit, by which some dark-coloured mucus was thrown off. Attempts were now made to give the patient some coffee, at first alone, and afterwards with the oil of turpentine. Ice was applied to the head. During this time Dr. B. frequently raised his thumbs to his mouth, as it were automatically.

After remaining in this state for two hours and a half, he began to shew signs of returning reason, uttering the words, *I have taken prussic acid—I recommend my son to your care—Give me air, and let me die.* He immediately recognised those around him, and asked for some coffee, which the state of his mouth (irritated by the substances employed) would not permit him to take. The intellectual faculties were gradually restored; but considerable dyspnoea and very distinct rattle remained: occasional fits of coughing caused the expectoration of small quantities of yellowish-black mucus, the rattle then ceasing for a moment. Dr. B. then himself caused sinapisms to be applied to his feet and legs, and a strongly purgative lavement to be administered. After every stool a quantity of gas was discharged from his mouth, having a strong odour of prussic acid. There was not the least symptom of paralysis. About six the next morning he was carried home, and he was able to walk up two pair of stairs unassisted.

Dr. B. was thirteen days before he could go out to see his patients, during which time the dyspnoea was frequently distressing, particularly when he turned in bed and when he awoke in the night. At last he quite recovered.

M. Toulmouche, who is the narrator of this luckless attempt to extend pharmaceutical and therapeutical knowledge, observes, that it illustrates the great difference in the different preparations of the acid. The morning dose was prepared by Dr. B. himself; the afternoon dose was prepared after Scheele's method, but the double dose was sent by M. Delonde, and purchased of M. Vauquelin. He observes, that the first action of the poison was shewn to be on the brain, of which the nervous influence was suddenly suspended, the spinal nerves continuing to act. The convulsion which super-

vened he attributes to temporary irritation of the medulla spinalis. A very powerful action seemed to be effected on the organs of respiration; and also on the kidneys, for there was more or less suppression of urine for the first four days. In cases of this kind, M. T. advises that the antidote, if there be an antidote, should be introduced by the nasal passages.—*Rev. Méd. Fevrier.*

*Case of M. Thénard.—(Journ. de Chimie.)*

On the 29th of February, at nine in the morning, M. Thénard was lecturing at the Polytechnic School on the subject of the nitrates, and particularly the nitrate of mercury. He had by him two glasses of similar form, one filled with *eau sucrée*, the other containing a concentrated solution of corrosive sublimate, and by mistake he swallowed a mouthful of the latter. Immediately perceiving its horrible taste, he called for some albuminous water, and, whilst waiting for it, repeatedly drank tepid water. Some whites of eggs were procured, mixed with water, and administered five minutes after the accident. Up to this time, notwithstanding irritation of the fauces and uvula, no vomiting had taken place: but very soon after the albuminous water was given, vomiting came on, and what was thrown up had the characters of albumen coagulated by corrosive sublimate: in fact, the liquid was white, flocculent, and resembling albuminous water into which dissolved perchlorate of mercury has been poured. M. Dupuytren arrived when the albuminous water had been frequently taken, and vomiting had occurred four or five times. M. Thénard then found himself so much relieved, as to say to M. Dupuytren that *he was cured*. At nine in the evening M. Thénard had vomited more than twenty times, and found himself '*à merveille*;' he never had any pain of the epigastrium or in the intestinal canal. He had a copious stool ten minutes after the poisoning, and before he took any purgatives.

The above particulars are given by M. Robinet, who reminds us that M. Orfila was the first to point out albumen as the antidote of corrosive sublimate. M. R. insists strongly on the advantages of albuminous water, which being at once mucilaginous, emetic, and antidotal, prevents every possible evil.

Although no new information may be given to the English reader in the details of the latter case, it is not therefore to be looked upon as useless. The repetition of valuable truths is scarcely less useful to mankind than their discovery: it has often been observed, that we require to be reminded more than to be taught. When poison has been accidentally swallowed, the consternation of the attendants sometimes causes the best means of relief to be overlooked until the time has passed when any means could have been serviceable; and the striking instance of M. Thénard's prompt and complete recovery may possibly recur to some one of the readers of this paper, at a moment when decisive measures may be rewarded with reflections scarcely less pleasing than those of which M. Orfila must be sensible, when he reflects, that among other benefits which his science has been instrumental in conferring on his fellow-creatures, he has saved so valuable a life as that of M. Thénard.

## LEGAL MEDICINE.

*On the Presence of Water in the Lungs of Drowned Persons.*  
(Professor MAYER, *Journ. Compl.*)

IF there had not been something defective in the mode of examination of bodies found drowned, the presence or absence of water in the lungs after such an accident would not have remained to this day nearly as unsettled a point as it was more than a century ago. The trial of Spencer Cowper, for the murder of Sarah Stout, which took place at Hertford in 1699, affords a curious specimen of contradictory evidence on this subject: the witnesses were, for the most part, unprovided with any positive evidence drawn from the inspection of the lungs of the human subject after drowning; and we think we could point out more than one county in England in which the verdict of 'Found drowned' is so often given without the body being opened, as to cause the experience of medical witnesses to be quite as limited in the year 1825. In Professor Mayer's paper we have a long list of authorities both affirmative and negative; and the question is of so much interest in a medico-legal point of view, that every attempt to make it the subject of research in the human subject, if not of experiment upon the lower animals, deserves attention and encouragement. Professor Mayer, having made many experiments on animals, and invariably finding a small quantity of water or bloody serum in the lungs, repeated them, with the sole difference of drowning the animals in water containing colouring matter. He asserts that the results were still the same, that he found a fluid in the air-passages, having the colour of the fluid in which the animal was drowned: in one experiment a cat was immersed in water to which hydrocyanate of potash had been added, and kept in five minutes, being taken out before it was dead to prove that the fluid actually entered the trachea during life: a portion of the trachea was cut out, a glass tube, previously dipped in a solution of hydrochlorate of iron, was passed into it by the opening, and a deep blue precipitate was immediately formed. The lungs were full of froth, which afforded a similar test. The experiment was repeated on another cat, with precisely the same results.

From fifteen experiments, which are detailed, Professor M. deduces the conclusion that water *does* penetrate into the lungs of drowned persons during drowning. He refers to the experiments to prove that this takes place whether the animal remains a long or a short time in the water; whether it is taken out living or dead, or several hours after death; whether the animal is drowned in hot or cold water; whether it is kept wholly under water or allowed to come occasionally to the surface; whether pure water, or coloured fluid, or some chemical re-agent, is employed; and equally in different kinds of animals. Lastly, he adds, that he has examined several bodies of drowned people, and has always found a more or less aqueous froth or an actual liquid.

The importance of this question does not entirely rest on its interest with a view to medico-legal investigations: it has some



reference to our attempts to resuscitate drowned persons. For if more or less water always penetrates into the trachea and its ramifications, or even if this happens occasionally, even when the body has not been long in the water, it may be necessary to disembarass the air tubes of such an obstacle to their due inflation. In an example recently witnessed by the writer of this notice, it was the belief of all the professional assistants that their attempts to restore respiration were materially impeded by this circumstance, although permission could not be obtained to verify the fact by an examination. Professor Mayer has found by several experiments, that, by using an elastic tube and syringe, he could draw out any fluid from the trachea as far as its division, but could not command what was situated lower. This, however, will generally be sufficient, as all the fluid in the bronchiæ will be rapidly absorbed. According to some experiments formerly published by him in the *Journal Complémentaire*, fluids poured into the lungs were found two minutes afterwards mixed with the blood of the left ventricle; in four or six minutes mixed with the serum of the pleura and pericardium; and at the end of five or eight minutes in the urine.

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## PART V.

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### MISCELLANEOUS INTELLIGENCE.

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#### *Experiments on the Fifth Pair of Nerves.*

M. MAGENDIE read to the Institute of France an account of his recent experiments on the influence of the trigeminal nerves over the exercise of the senses. From these it resulted that, by dividing the nerve, the activity of the sensorial functions of taste, smell, sight, and hearing, were destroyed. It is not, however, to be understood that each of these senses obtains the action peculiar to it from the fifth pair; but that the acoustic, auditory, optic, and olfactory nerves, which are more immediately charged with the functions of hearing, seeing, &c., lose their peculiar properties, and require, for the exercise of them, the additional influence of the trigeminal nerve.

M. Magendie has established, by numerous experiments, that the nerves specially destined to the functions of the senses are not endowed with *general* sensibility, and that they may be divided without occasioning pain.—*Revue Médicale*, Feb. 1825.

#### *Nervous System.*

THE Medical Society of Emulation of Paris proposes, as the subject of a prize, which will be awarded in the month of February 1826, the following question:—To determine, by clinical observations, by the opening of dead bodies, and by experiment; 1st, The influence of the cerebro-spinal nervous system and of its membranes, in a time of sickness, on the other organs of the body. 2d, The influence of these latter organs, also, in a time of sickness, on the cerebro-spinal nervous system, and on its membranes.

#### *Electric Phenomena in Epilepsy.*

DR. BRETON, Professor to the Faculty of Sciences at Grenoble, lately communicated to the President of the French Academy some observations relative



to a development of electric phenomena during a paroxysm of epilepsy. Should the Professor be correct, Mr. Mansford's theory of the dependence of epilepsy on the accumulation of electric matter will derive some additional support. A very curious collection of facts might be made, tending to prove, not perhaps the identity, but the analogy subsisting between the electric and the nervous influence; but we have M. Magendie's authority, that 'the moment for taking a general view of the functions of the nervous system is not yet arrived.'—*Journ. de Physiol.*

#### *Division of the Medulla Oblongata.*

M. VELPEAU has lately published the case of a young man in whom the medulla oblongata was completely divided in consequence of a blow. The subject of it survived forty-seven days; and although he suffered much local pain and experienced general disturbance of the system, there were not, as it appears from M. V.'s account, any symptoms of a nature to lead the attendants to suspect the extent of the injury. The spinal prolongation was found quite separated, '*ne tenait à rien*:' the division is supposed to have taken place not at once, but gradually, by the process of *ramollissement* (softening).

#### *Cicatrix of the Heart.*

M. BOUGON presented to the *Académie Royale de Médecine*, on the 16th of December, the heart of a person who died in his hospital, presenting traces of an old penetrating wound of the chest: the lung, pericardium, and heart had been wounded. These different organs were cicatrised. The patient died of a disease unconnected with the wound.

#### *Oil of the Euphorbia Lathyris.*

M. GRIMAUD gave account to the Royal Academy of Medicine of Paris, at their meeting of the 21st of February, of the experiments of Dr. Calderini, on the oil of the *Euphorbia Lathyris*, which is eminently purgative. M. Grimaud mentioned that he had repeated the experiments of the Italian Physician, and that he considered this oil preferable, in many respects, to that of the croton tiglium. The dose is from four to eight drops, for an adult.

#### *Professor Autenrieth's Opinion of Syphilis.*

DR. AUTENRIETH, of Tübingen, says that Wurtemberg has furnished a proof that syphilis is a modification of lepra, and has replaced this latter malady. Syphilis penetrated into Wurtemberg a century later than into the rest of Germany. During that time leprosy continued to prevail: but, after syphilis had been introduced, that disease entirely disappeared. Professor Autenrieth regards gonorrhœa as a disorder very nearly allied to lepra, as it was more frequent at the time of the introduction of the venereal disease.—*Nye Hygæa*, Aug. 1824.

#### *Death of Professor Béclard.*

WE regret to state that M. P. A. Béclard, Professor of Anatomy to the Faculty of Medicine of Paris, &c., died at Paris, on the 16th of March, of erysipelas of the head, accompanied with inflammation of the brain and its membranes. We shall give some account of the life and professional character of this very eminent Anatomist and Surgeon in our next Number.

### MONTHLY MEDICAL BIBLIOGRAPHY.

#### BRITISH.

1. An Account of the Disease lately prevalent at the General Penitentiary. By P. Mere Latham, M.D., Fellow of the Royal College of Physicians, and Physician to St. Bartholomew's Hospital. 8vo. Pp. 290. London, 1825.

Dr. P. M. Latham has given a very able account of the disease which

prevailed in the Penitentiary, and which interested the legislature of the country in so particular a manner. We shall recur to the work on an early occasion.

2. System of Anatomical Plates, with Descriptive Letter-press. By John Lizars, F.R.S.E., Fellow of the Royal College of Surgeons, and Lecturer on Anatomy and Physiology, Edinburgh. — Part VII. THE BRAIN — first Portion. Coloured after Nature. Folio and octavo. Highley. London, 1825.

This work continues to deserve the high character we gave of its early parts.

FOREIGN.

Dictionnaire de Médecine. Par MM. Adelon, Béclard, Bielt, Breschet, &c. &c. En 18 tomes. Tome Onzième. Hème—Hyst. 8vo. Pp. 552.

This volume contains a number of very able articles. The work will evidently not extend above twenty volumes. It very fully deserves the great encouragement it is meeting both in France and in this country.

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WORKS RECEIVED FOR REVIEW.

Instructions to Mothers and Nurses on the Management of Children in Health and Disease; comprehending Directions for Regulating their Diet, Dress, Exercise, and Medicine: with a variety of Prescriptions adapted for the Use of the Nursery, and an Index of Medical Terms. By James Kennedy, M.D. 8vo. Pp. 330. Tegg. London, 1825.

Part Second of a Series of Elementary Lectures on the Veterinary Art: wherein the Anatomy, Physiology, and Pathology of the Horse are essayed on the General Principles of Medical Science. By William Percival, Member of the Royal College of Surgeons, London; Licentiate of the Society of Apothecaries; and late Veterinary Surgeon of the Royal Artillery. 8vo. Pp. 558. Longman. 1825.

A Popular Explanation of the Elements and General Laws of Chemistry. By Walter Weldon. 8vo. Pp. 630. London, 1825.

An Essay on Tetanus, founded on Cases and Experiments. By Joseph Swann, Member of the Royal College of Surgeons, and Surgeon to the Lincoln County Hospital. 8vo. Pp. 98. Longman & Co. London, 1825.

An Essay on the Extraction of Calculi from the Urinary Bladder, containing some Account of certain Methods that have been recently proposed. By William Thompson, Member of the Royal College of Surgeons, Edinburgh, &c. 8vo. Pp. 50. Edinburgh, 1825.

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LITERARY NOTICE.

Conspectus of Prescriptions in Medicine, Surgery, and Midwifery; with useful Memoranda of the Symptoms, Diagnosis, and Treatment of Diseases and Injuries, containing upwards of a Thousand Modern Formulæ, including the New French Medicines, &c. 12mo. Pp. 175. Anderson. London, 1825.

Mr. Annesley will shortly publish a Treatise on Epidemic Cholera, and Statistical Reports of the prevailing Diseases of India; with an Inquiry into the Use of Calomel, &c.

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NOTICE OF LECTURES.

Mr. Frost commences his Lectures on General and Medical Botany on the 2d of May, in New Bridge Street, Blackfriars.

## THE METEOROLOGICAL JOURNAL,

From the 19th of MARCH, to the 20th of APRIL, 1825.

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March.	Moon.	Rain Gauge.	Therm.			Barom.		De Luc's Hygrom.		Winds.		Atmo. Variation.		
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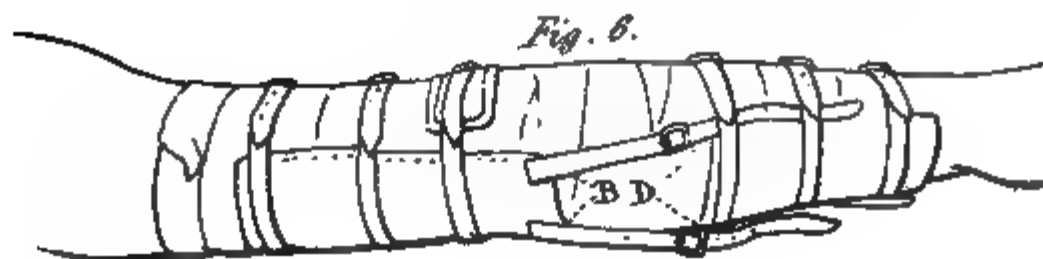
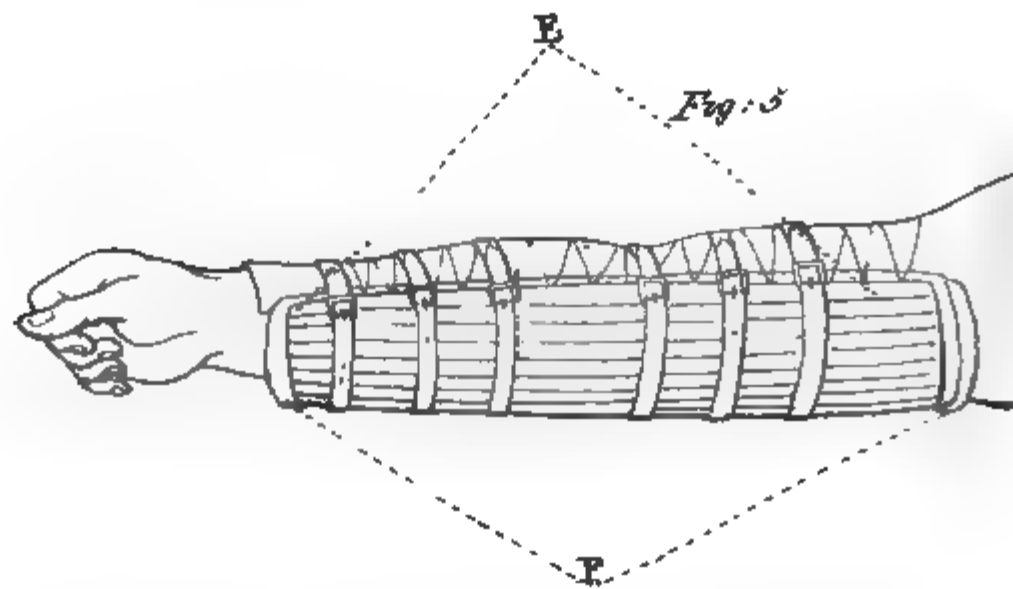
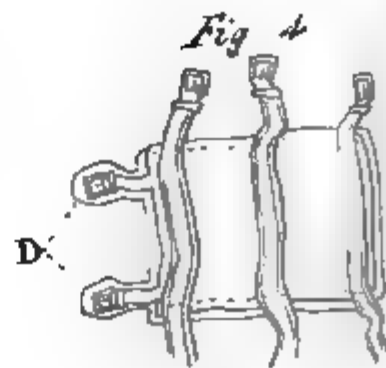
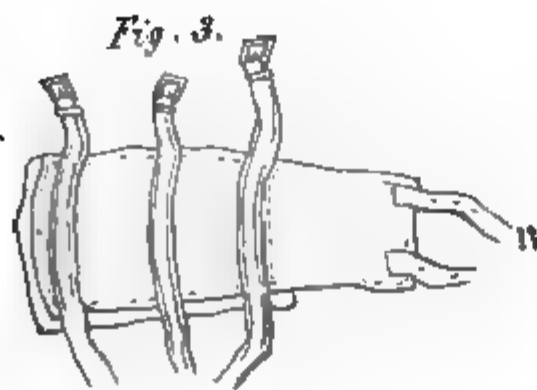
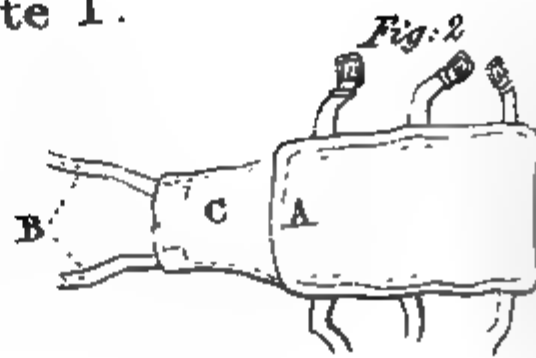
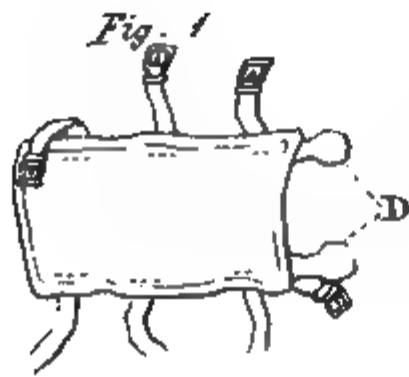
The quantity of rain fallen in March was 11-100ths of an inch.

\*\*\* The Plate of Professor Vacca's Instrument for performing Oesophagotomy, not having been ready for the last Number, is given in this.

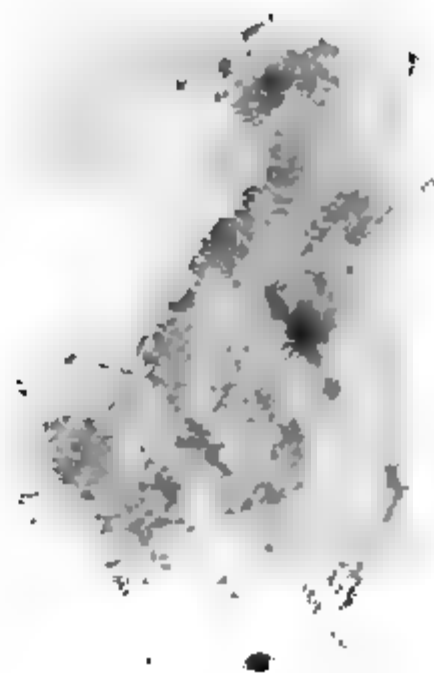
\*\*\* Communications, and Works for Review, are requested to be addressed (post-paid) to the Editor, to the care of Messrs. T. and G. UNDERWOOD, 32 Fleet Street.



Plate 1.



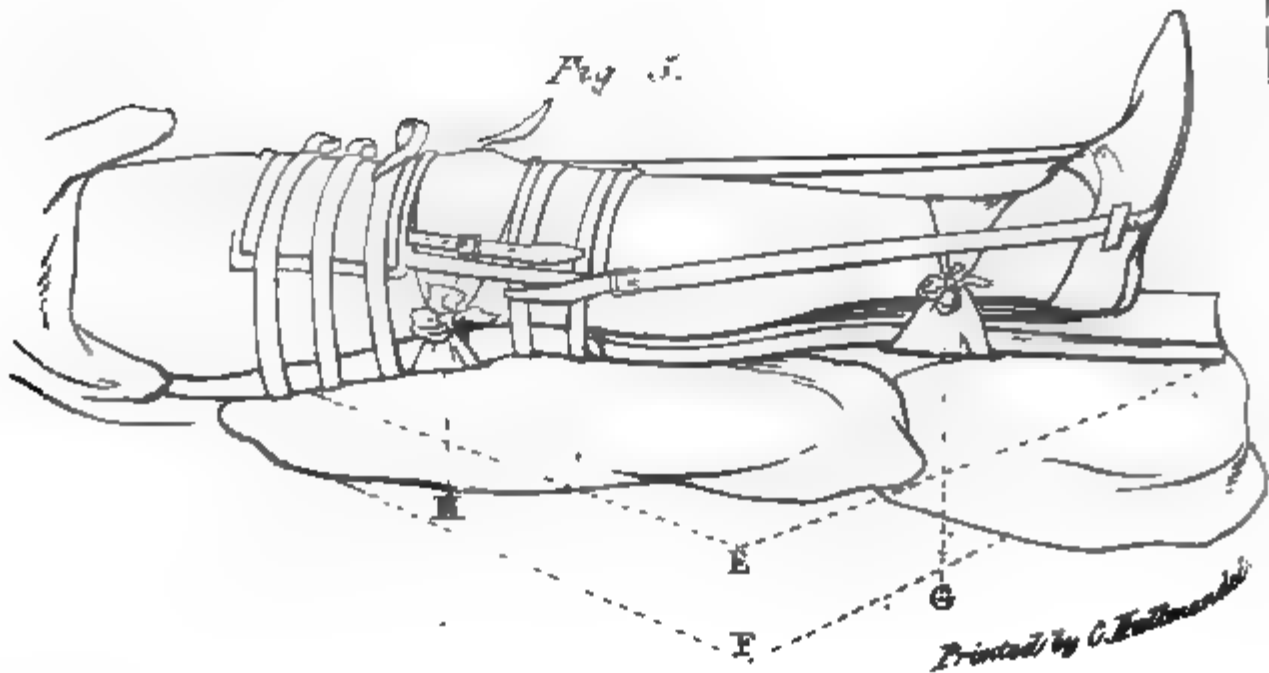
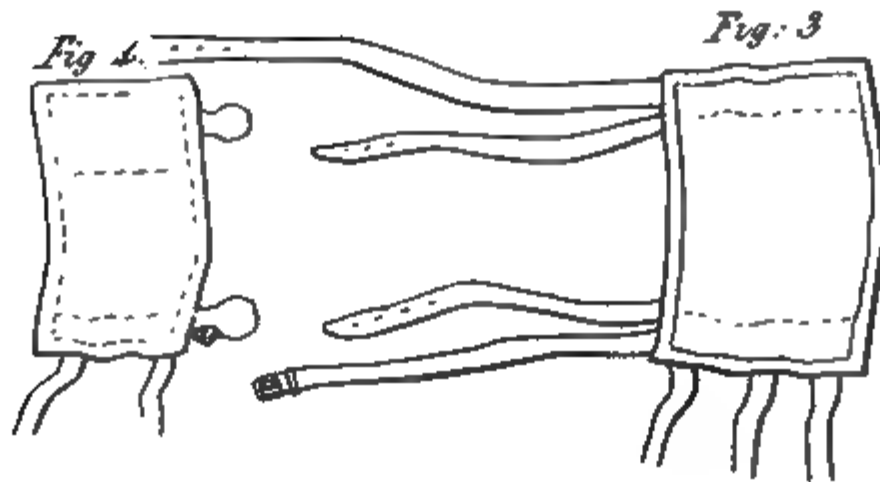
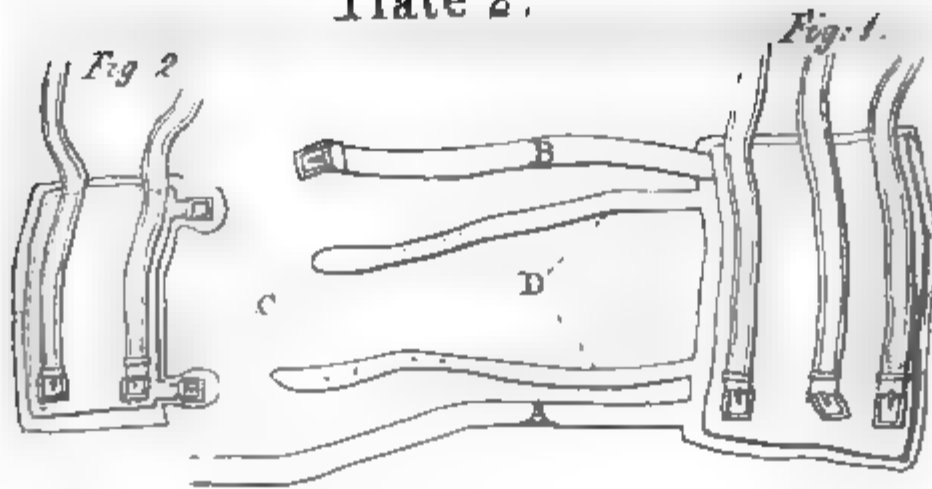
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# Plate 2.



Printed by C. H. B. B. B. B.



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THE  
LONDON MEDICAL  
REPOSITORY.

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No. 138.

JUNE 1, 1825.

VOL. XXIII.

BEING

NO. XVIII. OF A NEW SERIES.—VOL. III.

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PART I.

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ORIGINAL COMMUNICATIONS.

I.

*Diagrams of Two Apparatuses, one for Fractures of the Olecranon, and the other for Fractures of the Patella. Invented by J. AMESBURY, Esq., Member of the Royal College of Surgeons, London.*

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*Apparatus for Fractures of the Olecranon.*

PLATE I.

*Fig. 1.* Front view of that part of the apparatus which is placed upon the forearm. The middle of this part should be opposite the ulna.

2. Front view of that portion which is placed upon the back part of the humerus. In this the pad is raised in such a manner, that when it is buckled round the arm, the part, A, which is placed immediately above the retracted portion of the olecranon, may be prevented from slipping over the olecranon, when acted upon by the straps, B.—C a continuation of 3, covered merely by chamois leather.

3. Back view of 2, shewing the manner in which the straps are attached.

4. Back view of 1, with the straps attached. D, Buckles padded to receive straps, B. The back of the apparatus, as represented in figures 3 and 4, is made of strong but soft leather.

5. Front view of the apparatus applied. E, Split deal splint. F, Pad under the splint.

6. Back view of the apparatus applied. In this figure it may be seen in what manner the apparatus acts so as to keep the fractured surfaces in contact.

### *Apparatus for Fractures of the Patella.*

#### PLATE II.

*Fig. 1.* External view of that part of the apparatus which is placed above the retracted portion of the patella. A, represents a strap which passes round the sole of the foot over a shoe. B, A buckle to receive strap.

2. External view of that part of the apparatus which is placed immediately below the lower portion of the fractured patella. C, Buckles to receive straps, D.

3. Under view of 1; and 4, under view of 2.

This apparatus is made of the same description of materials as that for fractures of the olecranon.

5. Shews the apparatus applied. E, Splint extending from a little below the tuberosity of the ischium to a little beyond the heel. Mr. A. uses the back part of his apparatus for fractures of the leg and thigh, as here represented, as the limb lies upon it more comfortably than upon a common piece of wood. F, Pillows to raise the limb. G, Bandage placed round the limb and the splint to keep the lower part of the limb steadily upon the splint. H, Bandage placed round the limb and the splint over the patella.

By this contrivance every indication which Mr. A. has noticed in fractures of the patella may be answered, The action of the extensors of the leg is resisted by the strap which passes round the sole of the foot. This strap is attached to a wide pad which is made to act not only upon the base of the patella, but also upon a large portion of those muscles which tend to produce retraction. The advantages arising from this form of pad, must be obvious. That pad or part of the apparatus placed below the patella is of great importance in the treatment of these cases. Without it, or some such contrivance, it is impossible to keep the fractured surfaces in apposition, when the fracture is attended with much laceration; for though the upper portion may be brought down to its proper situation, that below will recede, in consequence of the flexibility of the ligament of the

patella. This motion of the lower portion is effectually prevented by the straps, D, which tend to approximate the fractured surfaces by acting at the same time upon the pad above and the pad below the injured bone; while the bandage that passes over the patella upon a thin pad of linen supports the soft parts in this situation, and prevents the fractured surfaces from rising and from separating at their anterior edges.

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## II.

*Case of Aneurism of the Anterior Cerebral Artery.* Communicated by T. SPURGIN, Esq., Member of the Royal College of Surgeons.

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T. B., by occupation a labourer, aged fifty-seven, became suddenly insensible, whilst at work, about the beginning of March, but quickly recovered without assistance, and resumed his employment. Three weeks after he had another fit, and remained in a state of stupor three or four days. About a month ago, when I first saw him, he complained of constant pain at the top of the head, which was much increased by stooping, and it frequently deprived him of sleep at night. His countenance appeared dejected, heavy, and sallow. Was said to be extremely morose and sullen, refusing frequently to return any answer to questions addressed to him, and frequently finding fault with his attendants. The pupils were much dilated, but both contracted slowly upon the approach of a strong light. The right eye was affected with cataract, but he could distinguish light from darkness with this eye. The tongue was covered with a whitish moist fur. Appetite good; not thirsty; urine natural; bowels rather sluggish. Pulse generally about 90, and weak. He was now purged freely, and a blister was applied to the nape of the neck. These remedies somewhat relieved him, and he afterwards took a mixture with the nitrate of potass and infusion of gentian. After a few days, however, the pain became as constant and distressing as ever. He had now eight ounces of blood taken from the neck by cupping, which greatly mitigated the pain. Four days after this, while sitting at dinner, he again became comatose and insensible. Respiration hard and stertorous. Pulse full and slow. Pupil of the right eye dilated; left constricted: both immovable. He was now bled freely from the arm and blistered; but he became rapidly worse, and died at six o'clock the next morning.



Eleven hours after death the brain was examined, and the following appearances were observed :—

The dura mater adhered more strongly than usual to the cranium, and its surface presented a blackish blue appearance from the veins beneath. Adhesions had formed between this membrane and the arachnoid tunic, and between the latter and the pia mater. The veins of the pia mater were much enlarged, and distended with blood. Three or four fungous patches had risen from the surface of the cerebrum, through the membranes, and had adhered to the bone. Upon raising the falx it was found to have united to both hemispheres, and these, below the falx, to each other. A considerable quantity of deeply tinged bloody fluid escaped from the left lateral ventricle as soon as penetrated, and a small coagulum was found entangled in the plexus choroides. In removing the upper surface of the right hemisphere, the lateral ventricle was cut into, being raised above its ordinary level, and a large quantity of coagulated blood was discovered, amounting to three or four ounces. The right corpus striatum had become enlarged to more than twice its natural size. The surface of this body and the sides of the ventricle were abraded and pulpy, leaving a pinkish green appearance. Upon raising the corpus callosum, the back part of the septum lucidum was lost, and the fore part attenuated and pulpy. Removing the brain from the cranium, a long red streak was seen upon the under surface of the right anterior lobe, and under this an abscess, of rather more than an inch in length, discovered. Immediately behind this, to the outer side of the olfactory nerve, and before the junction of the optic nerves, an aneurism (the size of a hazel-nut) of the right anterior cerebral artery was found pressing upon the right optic nerve. The coats of the aneurism were very thick, and its cavity contained a small coagulum in a little bag of adhesive matter: it had burst on its upper surface into the lateral ventricle. The rest of the brain appeared natural, excepting being too much charged with blood.

After removing the right eye from the body, the membrane forming the sheath of the optic nerve (particularly at the entrance of the nerve at the cribriform plate of the sclerotic coat) was found thickened and distended with blood, and adhered firmly to the nerve itself. The veins were much enlarged on the back of the sclerotic. The choroid had its usual appearance; but the retina presented a pinkish grey colour, and the ramifications of the central vein could be readily seen over its whole surface, as far as the lens. The

posterior capsule of the lens was opaque, and presented a convex surface; but upon dividing it, the lens itself was found semi-opaque, and wasted to one-half its size. The anterior capsule was entire and nearly transparent. The other parts of the eye were natural.

Saffron Walden, May 6th, 1825.

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### III.

#### *Observations on the Treatment of Pulmonary Disorders.* By A. RENNIE, Esq., Surgeon, &c.

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(Concluded from page 388.)

Too many facts cannot be supplied in confirmation of any principle in therapeutics, and therefore it is hoped that no apology is requisite for the following details in farther illustration of the beneficial influence of animal and invigorating diet in several pulmonary diseases.

B., aged twenty-eight, middle size, stiff, contracted chest, dark florid complexion, scrofulous diathesis; for some months past has been gradually losing flesh. Complains of fever in the evenings, wakefulness and perspirations towards morning: very short breathing; tight, hard, husky cough; occasional pains in the chest, with sense of constriction and pressure over the sternum. Appetite deficient; pulse above 100, irregular; unable to speak quickly, to laugh, inspire deep, or walk fast, without exciting coughing.

Within eight days back experienced more than usual pain at chest, after exposure to cold, with some shivering and fever; next morning expectorated blood mixed with white purulent matter; expectoration continues, with fever, perspirations, languor, lassitude, and progressive emaciation.

Under these circumstances, antiphlogistic measures were prescribed, without depletion, consisting of counter-irritants, diaphoretics, and alterative evacuants, as under:—

R Pil. Hydr. gr. iv.  
Pulv. Jac. V. gr. ij.  
—— Digit. gr. j. M.

Ft. pilula, omni nocte sumenda.

R Potassæ Sulph. ziv.  
Antim. Tartariz. gr. ij.  
Infus. Sennæ ℥iss.  
Tinct. S. Comp. ziv.  
Aq. Pulegii ℥ij.  
Spir. Lav. Comp. ziiij. M.

Ft. mist.; capiat cochleare amplum omni horâ usque ad nauseam.

As soon as the gastric, hepatic, and alvine functions were regulated, (anodyne diaphoretics, for the pectoral symptoms, having been interposed between the alterative medicines,) this patient was put upon an invigorating diet and sent into the country. In three months he returned free from every bad symptom, and so completely restored to *embonpoint*, that the circumference of the body was enlarged several inches.

S., aged twenty-seven, broad, large chest, has lived very hard, being accustomed to late hours, excesses in wine, &c. In the spring of 1823 he was seized with pulmonic inflammation, which was so acute as to render depletion to a very great extent necessary. The cough, expectoration, dyspnœa, with hectic fever and emaciation, remained after the remission of the acute symptoms, and gradually gained on the constitution, notwithstanding an anti-phlogistic treatment of several months. When I first saw him, the symptoms were as follows:—

Considerable expectoration of purulent matter, with a loud sonorous rattling on inspiration, as if from a large internal cavity in the right lung. The liver is evidently enlarged, insomuch, indeed, as to occasion prominence of the right ribs, with hardness and fulness, extending towards the umbilical region, and much tenderness on pressure. Bowels inactive. Pulse contracted, quick, not easily to be felt. Muscular substance very much wasted; cheeks flushed; countenance sallow and haggard; appetite deficient; sleep much disturbed; dyspnœa and hectic.

Treatment as follows:—Mild mercurials internally, alternating with anodyne diaphoretics of a cordial nature; constant mercurial plasters to the hepatic region, with compressure; assiduous administration of animal food, adapted to existing capacities; regular evacuants, and afterwards mild tonics, with country air.

This case, after about eight months' treatment, recovered. The right side is now reduced to nearly the natural size and shape. The cough, expectoration, and dyspnœa, have disappeared for above a year. The general health and strength of this gentleman is now such as to enable him to engage in his profession.

P., aged thirty-one, middle size, thin chested, stoops, scrofulous diathesis, has been for some time pursuing medical treatment for symptoms regarded to be decidedly phthisical, for which he was directed to adhere to strict abstinence from animal food, to enjoy free country air, and to use an electuary, composed of conserv. ros. gall.; acid. sulph. dil., &c.; but he gradually lost ground.

When my attendance commenced, the symptoms were as follows: Pain, sense of pressure, and tightness at sternum; dyspnœa; constant tickling cough; expectorated matter sinks in water, in condensed granular and flaky particles; appetite deficient; bowels confined; occasional griping and diarrhœa; debility, emaciation, hectic fever, and night perspirations. Pulse above 100, tense, irregular. Very bad nights from cough.

*Treatment.* — To adopt solid animal diet, and to use alterative evacuants of the mildest nature every third day, and anodyne diaphoretics on the intervening days: thereafter, mild tonics, a stimulating plaster to the chest, and to be frequently in the open air.

Under this system the patient's strength gradually improved, insomuch that he was shortly enabled to extend his walks to several miles. Having pursued these measures for four months, he is now vigorous, active, and healthy.

H., turned of fifty, constitutional energies much impaired, liable to habitual cough for many years, much aggravated in winter (apparently a case of chronic catarrh terminating in bronchitis), of late has become much emaciated, and complains of night perspirations; action of the heart very irregular; flushings and alternate pallor of countenance; cold clammy skin; copious muco-purulent expectoration; dyspnoea; deficient appetite; and rapidly increasing debility. There are tenderness in the epigastric region, costive bowels, occasional diarrhoea, coated tongue, and other dyspeptic symptoms.

Mercurials were prescribed every fourth day, with the effect of procuring full evacuations; after which, anodyne expectorants and clothing in flannels; and, lastly, animal diet, were adopted, by which manifest improvement was attained. The sulph. quininæ was exhibited with the best effects in restoring digestive power. After three months' perseverance in these measures, general health and strength were re-established, and the cough and expectoration, which had become habitual, almost entirely subsided.

In this case, it is obvious that the system had, owing to existing disorder of the lungs and digestive viscera, lost the capacity of forming an adequate supply of arterialised and duly chylified blood, and that the waste from the debilitating perspirations could not be renovated. The change that here took place in muscular firmness and substance, in erectness and capacity of chest, and in the healthy performance of the functions of respiration, digestion, and circulation, are referrible, in a certain degree, to restoration of this deficiency. That the functional capacity both of the lungs and stomach depend essentially on the vital power imparted by the blood to their respective textures, is hardly to be questioned; and the reciprocal influences of the blood and of these organs re-acting on each other, thus produce derangements in a complicated manner and compound ratio.

The above cases are detailed principally as suggesting the following remarks on plethora: —

The doctrine that plethora is the originating cause of numerous diseases, has had, it is to be feared, a most pernicious effect in extending the use of depletion and abstinence as a means of cure. Although it appears a legitimate con-

clusion, that, in a disease depending essentially on plethora, diminution of the mass of blood is the natural and most effectual remedy, it by no means follows, conversely, that whenever depletion is beneficial, or even necessary, to remove any given disorder, that disorder must have proceeded from plethora, for depletion is not unfrequently advantageous when the proofs are rather against the existence of previous plethora. Though diseases which are not in any manner connected with general superabundance of circulating fluid are to be subdued by venesection, yet if that fluid be the essential material of animal life and vigour, to pursue the depleting plan, directly or indirectly, beyond the correction of the more urgent symptoms, is a practice obviously supported by no sound principle, but is repugnant alike to reason and to nature, being essentially destructive of constitutional and vital power.

That the reduction of vascular repletion and excitement generally, or of acute action locally, and the correction of local vascular congestion, and the equable diffusion of the circulating fluid, are important objects to be accomplished by depletion, cannot be denied. But depletion is not always either proper or effectual for such purposes. Disordered states of the circulation, both as to velocity and distribution, are frequently referrible to causes, which depletion and other means, acting on the same principle as abstinence, so far from removing or counteracting, rather increase, by super-inducing constitutional debility and a greater susceptibility to their influence. The same measure which corrects the effect does not necessarily reach the remote cause. After correction of the effect by depletion, the continuance of the cause often reproduces the evil in an increased degree.

It appears to follow as a practical inference, that, wherever the system is inordinately disposed to the contracting of disorder requiring depletion for its removal, there is a lurking cause preying upon the system somewhere. While this is unappreciated, the continual draining of the vital fluid is a step rather apparently than really necessary. The ultimate effects of such treatment on the constitution, when systematically pursued, it is easy to foresee.

It is usual to regard persons requiring habitual depletion, as being, by some morbid tendency, peculiarly liable to contract the plethoric habit of body. The inference is very illogical. We are told, indeed, that the reproductive powers of the system in respect of the vascular fluid are increased by depletion; and if so, it is time to drop that pernicious practice, which, by abstracting the essential source of animal life, begets the necessity for its own repetition. But, though

habitual depletion unquestionably induces habitual necessity for repetition of the process, it does not follow that this effect is produced in consequence of a tendency to plethora so engendered, since such apparent necessities frequently occur very urgently, without any reference to the mass of blood. It is worthy of inquiry, how far, in individual cases, the peculiar constitutional condition occasioned by one depletion is not the true origin of the next occasional indication for the process, not by occasioning plethora, but by producing that debility which is inadequate to the maintenance of equable circulating velocity and distribution, in opposition to those causes to which the constitution is exposed. It merits consideration also, whether the rigid abstinence which is usually regarded as the most effectual adjunct to depletion, in the view of obviating plethora and future necessity for the repetition of depletion, is not, in many cases, mainly contributive to the constitutional debility on which future irregularities of the circulation requiring depletion in reality depend. Of this practical fact I am convinced, by numerous and varied observations, that those constitutional tendencies to organic congestion, in which detraction of blood is generally considered essential, are frequently increased by abstinence and inadequate diet, pursued with the express view of prevention, and are materially counteracted by those means which are unquestionably the best calculated to reproduce the blood which has been abstracted, *i. e.* by a full supply of nutrient and solid animal food, administered with due regard to the functional capacities of converting it to its proper use. It is an interesting observation of Dr. Mossman (on apoplectic tendencies), "that plethora and obesity are much more generally referrible to the use of liquid than of solid nutrient matter." That apoplectic tendencies, and other derangements of the circulation requiring depletion, are frequently to be attributed to the use of liquid diet, I am willing to admit; but not that those disordered tendencies either essentially depend on plethora, or are generally connected with absolute general excess of blood. It appears to me that the stomachic atony and relaxation induced by liquid diet is eminently calculated to diminish the propulsive energy of the heart, and thereby, especially in co-operation with other causes, contributes to those organic determinations from which plethora of the system has been assumed, and for the correction of which depletion is considered indispensable. This inference is supported by numerous facts, that might be adduced were it not a digression. The preceding cases, however, are a satisfactory exemplification of the position, as applicable to the present subject.



If there is a fever resembling hectic, and associated with cough, dyspnœa, and pain in the chest resembling inflammation, which fever is induced and increased by debilitating depletions and abstinence, what must be the ultimate result of pursuing abstinence to extinguish that fever? The more rigidly and perseveringly this system is adopted, the more urgent do the fever, debility, and emaciation, become.

So long as the fever, high pulse, local pain, dyspnœa, and cough, continue, those very means are usually continued, which essentially and necessarily maintain and aggravate them. But these symptoms, along with emaciation and debility, progressively increasing, no antiphlogistic Practitioner ever yet dreamed that his own exertions were their legitimate cause. On the contrary, here are cough, pain, dyspnœa, and fever—serious symptoms, which, whether referrible to some mysterious cause lurking in the diseased constitution of our patient, or in our own imaginations—are said necessarily to indicate inflammation and some hideous local mischief going on within; therefore, whatever be the cause, antiphlogistics must be right; and whatever come of the patient's constitutional powers, he must be bled, purged, sweated, starved, kept completely quiet, cool, motionless, and as near to inanition as possible. This is the reasoning which, if not actually expressed by the supporters of the antiphlogistic treatment, is at least adopted by them. I leave those who look closer into medical opinions than their superficial relations, to find the palpable inconsequence of the argument they espouse.

I am convinced that, under due and cautious discrimination of existing symptoms, invigorating treatment is not only indicated, but that it will produce the most favourable effects, in many cases, where antiphlogistic means are now regarded as indispensable. On the other hand, I have met with strong grounds for the conviction, that, by an injudicious and too rigid adherence to debilitating and lowering measures, whether by diet or otherwise, many occasional attacks of inflammatory and congestive disorders are converted into serious and chronic forms of disease, chiefly by being associated with constitutional debility; and that chronic catarrhs, bronchitis, congestions, tuberculous formations, and serous effusions, in particular, are legitimately to be traced to the constitutional depression so induced and maintained, especially when such occasional causes as are calculated to excite and give particular determinations to morbid action, are also in operation.

It may seem a very monstrous position to those who hold tenets leading to precisely the opposite practice, that animal

and stimulating diet is at all admissible in any constitution disposed to fever and inflammatory action; but while it is necessary to guard against running counter to any incontrovertible pathological principle, by carrying such a practical deduction to an extravagant or unwarrantable application, little deference is due to opinions or doctrines, however generally received, which are incompatible with facts and irreconcilable with experience; and that the antiphlogistic system is so in a very wide class of disorders originally and intimately connected with or dependent upon inflammation, is sufficiently instructed by the facts above detailed, as well as by numerous others that might be adduced.

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## IV.

*A Case of Phlegmasia Dolens, which terminated in Sphacelus of the Leg and Foot.* By JOHN DAVIES, Esq., Member of the Royal College of Surgeons, Member of the Philomathic Institution, &c.

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ON the 23d of April last, I was sent for in great hurry to see Mrs. B., who, I was told, was dying from hæmorrhage. When I arrived I found her gasping for breath; the pulse had ceased at the wrist; in fact, she was apparently breathing her last. She had always been a woman of weak constitution. The thighs were much swollen before her confinement, and the veins were so full as to appear ready to burst; but the swelling did not extend much down towards the feet. She is now the mother of ten children, and she has been each time delivered by a midwife. This time hæmorrhage came on immediately after the birth of the child, and continued for upwards of half an hour before the placenta was extracted. When I saw her, the placenta had just come away, and the flooding had nearly ceased.

By the administration of large draughts of brandy and of spirit of ammonia in camphor mixture, the vital actions of the system were roused, and after a few hours she was so far improved as to afford some hopes of her recovery. Under the use of stimulants, she appeared so well, in four or five days, that I discontinued my attendance.

She sent for me again on the 5th of the present month. She complained of a good deal of general weakness, and of looseness of the bowels. A mixture of infusion of colombo, spirit of ammonia, and laudanum, was ordered for her, which, by the evening of the 7th, had considerably improved her health and spirits. But, at eight o'clock in the morning

of the 8th, she was suddenly seized with a most excruciating pain in the left loin and hip. Her friend immediately applied hot fomentations to the part affected, during which application the pain flew down like an electric spark into the leg and foot. The limb became instantly paralysed from a little below the knee down to the toes. When I saw her a short time after, she was in the greatest agony from the pain in the leg and foot. They had lost all sensation and the power of motion; the limb felt very cold, and the muscles forming the calf of the leg and those on the back of the thigh were so contracted and rigid, as to feel like slips of iron under the skin. The limb was not evidently swelled, but there was a good deal of tenderness in and about the ham. The upper part of the thigh was free from pain and from tenderness on handling it. The pulse was between 150 and 160, and extremely feeble. The countenance expressed the highest degree of pain and misery.

I ordered her to take immediately twenty-five minims of liquor opii citratis (equal to eighty-five minims of laudanum), in camphor mixture, and to have the limb fomented very frequently, and rubbed well after each fomentation with an anodyne liniment. These remedies gave her considerable relief. The applications were regularly continued during the day, and the draught was repeated at night.

In the morning of the 6th the limb was a good deal swelled, all the way from the groin downward. The leg and foot were as cold as those of a corpse, except when kept warm by artificial heat. They were still quite insensible to the touch. When kept warm, they were nearly free from pain, which, however, was very violent when the parts were exposed to the air. The ham was very hard and tender; but the upper part of the thigh and the groin were free from both pain and soreness. The limb was very cedematous, pitting considerably under pressure, but it was not discoloured. The pulse was very weak, and about 150 in a minute; the tongue was clean, and the bowels were regular.

She was ordered to continue the same external applications, and to take the following medicine: —

R Infusi Cascarillæ ℥vss.

Sp. Ammon. Aromat. ℥iij.

Tinct. Opii ʒj. M.

Capiat coch. ampla ij. 3tiâ quâque horâ.

She was also ordered to take a little brandy and water frequently, and some sago or arrow-root, flavoured with wine, for her diet.

In the evening her pulse was better, and her spirits were

rather improved. The limb was more swollen than in the morning, and the back of the foot had a bluish appearance.

She was ordered to continue the same remedies.

7th. — All the foot and the lower two-thirds of the leg were of a dark purple colour, still quite cold, except when kept artificially warm, and perfectly insensible to the touch. There was a good deal of pain in the parts, unless they were kept warm. There was a distinct line round the leg, between the discoloured part and that above. The leg appeared as if the upper third of it had been painted white, and thence down to the ends of the toes black. The limb was altogether more than double the size of the other. The thigh was knotty, particularly in front, and on the outside. The lower part of it was still very sore, but the soreness did not extend to the upper part and the groin. The patient had slept a good many hours in the night; the tongue was clean; the pulse about 140, and stronger than on the day before; the bowels were rather confined.

She was ordered a saline aperient to open the bowels, to continue the tonic mixture, and to take a grain of calomel with a grain of opium every four hours. The leg was ordered to be kept constantly fomented; but the liniment to be discontinued. Poultices were tried, but they became cold in a very short time, and left the limb in a good deal of pain. She was to continue the same diet as before.

On the 8th she was much the same as on the day before; the bowels were regular; and she was ordered to continue the same remedies.

About four o'clock in the afternoon, Mr. Bransby Cooper saw her with me. She was then much in the same state as in the morning; the pulse was 130, and her spirits were good. There was at this time no appearance in the leg to denote gangrene, more than that of its colour, and its coldness and insensibility, which existed from the first attack of the pain; but the blackness disappeared now and then, in some degree, under the use of the fomentation, when applied tolerably hot. The cuticle was quite perfect, without any appearance of vesicles on it, and the original line of demarcation had rather descended from the knee.

Mr. B. Cooper ordered the pills to be continued, and the sulphate of quinine to be given every four hours. The fomentation was to be continued, and also the same diet.

Late in the evening a few small vesicles were observable on the back of the foot. She had taken two doses, three grains each, of the quinine, and thrown it up each time. She did not feel so well as in the morning. The pulse was 160, and weak.

I ordered her to take the quinine in one grain doses, and to continue the other remedies.

9th. — She was very sick at the stomach, throwing every thing up she had taken. She had had but little rest in the night; the pulse was 156, and the tongue a little furred. The lower part of the leg and the foot were covered with large blue vesicles.

She was ordered to continue the pills, and to return to the cascarilla mixture.

In the evening her stomach was very comfortable; pulse 130, and improved in strength; and her spirits were much better. The blisters on the leg and foot were extending.

During the 10th, 11th, 12th, and 13th, she continued in a similar state of health, which was remarkably good considering the state of the local disease. On the 10th the pills were discontinued. The tongue had become quite clean, and it continued so. The bowels were quite regular; the pulse ranging from 110 to 120; she relished her food well, and slept several hours every night. In the course of this time some of the larger vesicles discharged themselves, and others were opened. The swelling of the thigh and knee was considerably reduced. Dr. Copland did me the favour of seeing the patient with me on the 12th, and recommended the same plan to be pursued.

15th. — A considerable sloughing had taken place on the lower and back part of the leg, so as to expose the tendo Achillis. The sloughing went on so rapidly in all the discoloured parts, extending from the ends of the toes to two-thirds up the leg, that, by the 17th, scarcely any thing remained but the bare bones; but the line of demarcation did not ascend from its original situation. During this sloughing process, the patient's health continued remarkably well. She took decoction of bark, ammonia, and laudanum, with nourishing diet, consisting of beef-tea, calf's-foot jelly, sago, &c.

Mr. B. Cooper did me the favour of seeing her again with me on the 16th, when it was evident that nothing but an amputation could save her life. The tourniquet was kept loosely round the thigh, with orders to tighten it in case of hæmorrhage.

On the 17th, with the kind assistance of Mr. B. Cooper, my partner, Mr. L'Estrange, and several other friends, I removed the limb, above the knee. As soon as the vessels were cut across, the blood in the veins was observed quite coagulated. A considerable quantity of serum came away from the surface of the stump as soon as the leg was removed, but the patient did not lose above half a pint of blood alto-

gether during the operation. The thigh of the side affected was, at this time, nearly double the thickness of the opposite one.

She took liquor opii citratis, equal to a dram and a half of laudanum, half an hour before the operation, and the same quantity as soon as put to bed after the operation, which took place at three in the afternoon. In the evening the opiate was repeated. She slept five or six hours in the night; and up to the present period she has not had a single bad symptom. She sleeps well at night; her appetite and spirits are good; and the œdema of the stump is considerably diminished. As there is no uneasiness in the stump, and scarcely any discharge from it, it is intended to let it remain unopened for a day or two longer, in order that its edges may have a chance of becoming more firmly united.

*Dissection of the Leg.*—After injecting the artery with wax, the blood-vessels and nerves were examined.

During the injection, the wax ran freely out at the sloughing ends of the arteries. There appeared to be no barrier against hæmorrhage but a small portion of the dead part, which had not sloughed off below the line of separation. Had the amputation been delayed a few hours longer, till all the sphacelated portion was thrown off, it is probable that hæmorrhage would have taken place. The arteries appeared healthy above the line of demarcation. The veins were completely distended with firmly coagulated blood; their coats were thickened, and their inner surfaces very much inflamed. The small, as well as the large veins, were in a similar state. The coagula were found, after protracted ablution in cold water, to consist almost entirely of fibrinous matter.

No diseased appearance could be discovered in the structure of the nerves, except a little swelling for an inch and a half or two inches above their sloughing ends.

*Remarks.*—I shall make no further remarks at present on the case, than that the original symptoms did not agree with the appearances, on dissection, of the limb. The first symptoms indicated a nervous affection; but the morbid appearances tend to confirm the truth of Dr. Davis's views of the pathology of phlegmasia dolens. As, happily, the woman is likely to do well, there is no means at present of proving how far the inflammation and thickening of the veins proceeded, or how high the coagulation of the blood in them extended, or whether the cause of its stagnation was mechanical or vital.

Tottenham Court Road, May 20th, 1825.

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## PART II.

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### ANALYTICAL REVIEW.

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#### I.

*Researches, Physiological and Pathological, &c.* By JAMES BLUNDELL, M.D., Lecturer on Physiology, &c. 1824.

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#### *Of Generation, and of Transfusion of Blood.*

FEW questions have been perhaps more discussed than the respective parts which the male and female have in the function of generation, and in what manner the semen influences the female organs. Thus far, however, seems very well ascertained, that after fruitful coition, the fimbriated extremities of the Fallopian tubes embrace the ovaries, that one or more of the vesicles of these bodies swell, burst, and discharge something which is conveyed through the tubes into the uterus, where it is gradually developed to a perfect foetus. This, however, is only a relation of the various steps of the process, but by no means enables us to ascertain whether or not the actual contact of the male semen with any particular part of the female organs of generation, or with the ovum itself, is necessary to conception. The first step in this inquiry was naturally to follow the progress of the semen, and to learn, if possible, how far it was conveyed into the female organs. But easy as this might seem, even to the present time no certain information has been obtained regarding it. By Ruysch and Morgagni the semen is said to have been observed in the uterus and Fallopian tubes; and Haller once saw semen in the uterus of a sheep forty-five minutes after coition. But, on the other hand, Harvey denies that it is ever carried into the uterus,—‘*Nempe quod in utero, nihilo plus post coitum, quàm ante ipsum reperitur.*’ Haller also says, ‘*Rarissimè ullum in utero semen repperim, cum in vagina facile esset videre.*’—‘*Rejiciunt,*’ likewise says the same physiologist, ‘*experimenta Ruyschiana, et mucum uteri tubarumve summo viro credunt imposuisse: quum ejusmodi humor etiam in puerperarum tubis visus fit, de quibus non suspiceris, marem nuper admisisse.*’ And Magendie, who must be considered as one of the highest authorities at the present day upon any physiological point, says, ‘If we believe the latest works on physiology; the womb opens, attracts the

semen, and guides it to the ovarium by means of the Fallopian tubes, whose fringed extremities embrace that organ. The contact of the semen determines the rupture of one of the vesicles; and the fluid that issues from it, or the vesicle itself, passes into the uterus, where the new individual is developed.'

'However satisfactory this explanation may appear, we are yet prevented from admitting it, for it is purely hypothetical, and even contrary to the observations of the most accurate observers. In the numerous experiments of Harvey, De Graaf, Valisnieri, &c. the semen has never been found even in the cavity of the uterus, and still less has it been observed in the tubes on the surface of the ovaries.' So far, therefore, as we are dependent upon actual observation in the higher animals, we have no certain data from which to draw any inferences respecting the office which the male semen exercises in generation. Analogy, however, from the generative process in birds, and in frogs and toads, would lead us to believe that the semen is a stimulus of a peculiar kind, giving rise, by its contact with the ovum previously prepared by the female, to a series of new actions, which have for their object the development of a new individual. 'In the absence of the male, the female bird can produce an egg, with the exception of the cicatricula.\*' This is a round, milk-white spot on the surface of the yolk-bag. In frogs and toads, the eggs are ejected from the body of the females, and are fecundated after their expulsion. Spallanzani proved this point by many decisive experiments, and has shewn that an infinitely small portion of semen is sufficient to animate a tadpole. 'It is not necessary,' he says, 'to cover the foetus completely with this prolific fluid; a drop will suffice. Further, three grains, mixed with twelve, and even with eighteen ounces of water, communicate to every part of it the power of fecundation, since tadpoles placed in any part of the mixture are fecundated. The three grains of seed must therefore have been diffused through the whole mass of water. Yet there are facts which prove that the semen still retains its virtue after this excessive division; for I have found a globule of 1-50th of a line in diameter, taken out of a mixture of three grains of seed with eighteen ounces of water, was often capable of fecundating a tadpole.' In some insects also, there is good

\* But Harvey has given an account of an egg produced by a cassiowary confined alone, which he found perfect. 'Ex his ovis, unum peperit integrum, quod aperui et perfectum inveni; albumen nempe luteo circumfusum, cum chalazis sive grandinibus utrinque adnexis, et cavitate exigua in obtuso cacumine; aderat etiam cicatricula sive macula albicans.'—HARVEY *de Generatione*, Exercit. V.

evidence that the egg is formed by the female before the approach of the male, and that fecundation takes place as it passes a reservoir containing the semen. 'In dissecting,' says John Hunter, 'the female parts in the silk moth, I discovered a bag lying on what may be called the vagina or common oviduct, whose mouth or opening was external, but it had a canal or communication between it and the common oviduct. In dissecting these parts before copulation, I found this bag empty; and when I dissected it after, I found it full.' By the most decisive experiments, such as covering the ova of the unimpregnated moth, after exclusion, with the liquor taken from this bag in those which had sexual intercourse, and rendering them fertile, he demonstrated that this bag was 'a reservoir for spermatic fluid.'\* In this state, accordingly, for many years did the subject rest; observation had never detected the semen beyond the vagina in the more perfect animals, and consequently afforded no certain information respecting the office which it fulfils in the generative process; while, on the other hand, certain knowledge had been obtained as regarded birds, some cold-blood animals, and some insects, that the seminal fluid is nothing more than a stimulus of a peculiar kind, exciting actions which no other stimulus could excite. Attempts to observe the seminal fluid in the uterus or the Fallopian tubes seem also to have been given up, since evidence upon this point could never be adduced that would satisfy all parties, or that could compel for itself implicit credit. For if such was the danger of error to which such observations are liable, that objectors would suppose that Ruysch, the most eminent anatomist of his age, had mistaken mucus for semen, how could any one else expect that his authority would claim more reliance? It would appear, that under some such impression as this, Dr. Haighton had instituted a number of experiments, which might afford by induction additional elucidation of this subject. The fact that actual contact of the semen was necessary in animals in many respects differently constituted from man, was pronounced in itself as an imperfect analogy; but if it could be proved that, the passages being closed between the ovaries (from which on all hands it is confessed that the first rudiments proceed) and the vagina, impregnation could not have place,—this analogy, it is manifest, would become much stronger, and probability amounting almost to certainty would ensue, that actual contact of the male semen with the ova prepared by the female was equally necessary in all animals that have two sexes. With this view, therefore, we

\* Fleming's *Philosophy of Zoology*.

may examine the experiments of Dr. Haighton, although it is in some measure different from that with which he instituted them. His experiments differed from Dr. Blundell's, in the Fallopian tubes being divided, instead of the cornua uteri.

Having procured a rabbit, which had already had young, he divided one of the Fallopian tubes; and 'on admitting the male to her about one month from the operation, she betrayed no reluctance, and became impregnated. Ten days afterwards she was killed, and opened. Both ovaries retained their primitive plumpness, and manifested the evidences of impregnation.\* These evidences are the evidences of corpora lutea. Those seated in the ovary of the mutilated side did not differ in any respect from the same bodies on the perfect side, but they were unattended with foetuses; whereas in the perfect side there were as many foetuses as corpora lutea.' This experiment, which is only one among a considerable number that exhibited similar phenomena, teaches us, that the passage of the Fallopian tube being obliterated, the ovary of that side cannot produce a perfect ovum. Having thus learnt, from actual observation, that the interruption of the Fallopian canal before coition prevented fecundation, Dr. Haighton next proceeded to inquire, what would be the effects of dividing the Fallopian tubes at different periods after coition. He accordingly made experiments of this kind, and found, that if the division was made even so late as forty-eight hours post coitum, when 'the vesicles of the ovaries were extremely prominent,' and appeared as if going to burst, still fecundation was prevented: and in an experiment which he has related, where, fourteen days after the operation, the animal was examined, there 'were three corpora lutea, and as many foetuses, on the perfect side, and two corpora lutea without foetuses on the imperfect one.' Still, following up this part of the inquiry, he asks, 'will the procreative operations be suspended, if the tube be cut through after the ovum is deposited in the uterus?' And to ascertain this, he says, 'I repeated the operation on two rabbits, one of which had received the male two days and eighteen hours, the other two days and twelve hours. I knew from my own experiments, as well as those of De Graaf, that the vesicles had discharged their contents before either of these periods. The examination of these at the usual time

\* The language which Dr. Haighton employs in this place must be taken with caution, for the only real proof of impregnation is the production of a foetus. The presence of corpora lutea only shews that the ovaries have been excited, but not that they have been fecundated. This experiment alone is a sufficient proof of the fact, and we shall find additional reason for believing this as we proceed.

proved that the actions of these parts suffer no interruption by a division of the tubes made after the rudiments have been conveyed into the uterus, for there were corpora lutea in both ovaries, and foetuses in both cornua uteri.' Now, if the result thus obtained be compared with the following passage from Harvey, the analogy between rabbits and birds, &c. appears so striking, that it almost compels the induction that the same circumstances are common to both. 'Plurimæ itaque aves, quanto salaciores, tanto etiam foecundiores sunt; et aliquando sine mari (ob pabuli ubertatem, vel alia aliquâ de causâ), ova concipiunt; raro autem, citra ejus operam ea vel perficiunt vel pariunt; sed morbis inde potius gravioribus tenentur, tandemque intereunt. Gallina verò non solum ova concipit sed et parit etiam, eaque perfecta, at hypenemia et infoecunda. Similiter insecta plurima (in quorum censu bombyces et papiliones sunt), ova concipiunt et pariunt, absque maris congressu (ut etiam pisces), sed irrita et subventanea.\* For, in Dr. Haighton's experiments, there is every reason to believe that the ovaries were excited to produce ova, since their vesicles swelled, and in one instance appeared ready to burst, when the communication between the uterus and that body being intercepted, they did not proceed to development, yet corpora lutea were found in every respect similar to those of the sound side in which foetuses were observed. The ova, therefore, in these cases were 'irrita et subventanea.' Yet it must be acknowledged, that though this is extremely probable, still it would make assurance doubly sure, if it could be distinctly proved that the ovarian vesicles did discharge their contents, and that they proceeded in some degree towards forming a perfect ovum, though, as in birds, &c. 'hypenemia et infoecunda.' Now this is precisely the information which Dr. Blundell's experiments are calculated to afford us. Instead of dividing the Fallopian tubes, he divided the cornua uteri as near the mouth as possible, and then replaced the organs and sewed up the wound. 'Notwithstanding this violence, in the

\* 'Many birds also are fruitful in proportion to their salaciousness, and sometimes *conceive* eggs without intercourse with the male (either from the superabundance of nutriment or from some other cause), but rarely without his co-operation either perfect or expel them; but on this very account become subjected to severe diseases, and at length perish. The hen, however, not only *conceives* eggs, but expels them likewise, and perfect to appearance, but hypenemia or wind eggs, and incapable of producing a chick. Many insects also (in the number of which are silk-worms and butterflies) *conceive* eggs, and expel them, without sexual congress, (and fish) but addled and windy.' The word 'conceive,' taken in this sense, may be employed even with regard to the mammifera, signifying not absolutely impregnation, but all that part of the process which depends upon the female only.

course of a few days, or a few weeks at farthest, most of the rabbits recovered their health, and at different intervals became fit for the approaches of the male. But though the general health was restored, the recovery was not complete. The operation, as subsequent dissection proved, had the effect of interrupting the canal of the womb, its tubular cavity growing up at the line of division, so that the communication between the vaginal and Fallopian juices became intercepted, and the semen and the rudiments could have no access to each other. In this condition of the genitals, as soon as the sexual ardour was rekindled, the animals were submitted to the male; and, excepting in one or two anomalous instances, out of ten or twelve experiments, they all became pregnant from the first admissions. At different periods from impregnation, the sexual organs were examined after death with great care and deliberation, when young animals were invariably found in the sound womb, but none in the interrupted. This, it is true, as in the human uterus, in extra-uterine pregnancy, was in many instances enlarged and developed, and plentifully supplied with blood.\* He then varied the experiments, by dividing the vagina itself in the upper part of its tube, and thus completely closing the communication between this cavity and both cornua uteri. The result here was the same as in the former cases. 'In both the ovaries were corpora lutea. In some cases, the wombs appeared to have undergone little change; in others they were very much enlarged, and evolved as completely as in actual pregnancy, but in no one instance was there a *single ovum* extra-uterine or otherwise.\* The following account, however, of the more remote consequences of these experiments, appears so strongly demonstrative of the doctrine which we have above adverted to, not only that, in the language of Harvey, '*ovum esse primordium commune omnibus animalibus*,' but that actual contact with the semen is necessary to fecundate it, that we shall give the passage at full length:—

'In these experiments, it may be further remarked, the Fallopian tubes, as well as the ovaries and wombs, seemed to be excited by coition. I observed repeatedly, in those experiments in which the vagina was interrupted, that the abdomen of the doe enlarged in a few days after the sexual commerce; and that enlargement, never noticed before, and gradually decreasing in a few weeks afterwards, if the male was excluded, might by repeated coitions be carried to

\* It is necessary to observe here, that Dr. Blundell appears to confound between the ovum containing a foetus and that which does not, a distinction which Harvey kept very strongly before him. In both cases they are equally ova, but in the one *fecunda*, in the other *infecunda*.



a very great degree. There is now in my possession a doe with an interrupted vagina, which has admitted the male from twenty to thirty times. In this animal, in consequence of these repeated connexions, the abdomen has gradually acquired so large a size, that it considerably exceeds the bulk of mature gestation, and reminds one of the tumour of the ascitic which requires the trocar. These enlargements, I have ascertained from repeated dissections, result from the accumulation of a tumour in the wombs. This tumour varies in its consistency and colour, is however generally fluid, pale, and turbid, and always, so far as my experiments have extended, forms albuminous concretions at a temperature below boiling heat. Even in the uterine experiments (for the preceding remarks refer to the vaginal only) the same essential appearances were observed; the wombs, in consequence of impregnation, became filled on the sound side with foetuses, and on the barren with the tumour described.

‘These facts are very significant. The formation of the lutea, the development of the wombs, and, above all, the repeated accumulations of fluid there in consequence of coition, all seem to indicate the descent of the rudimental materials; and, reflecting upon them, I cannot forbear imagining that the tubes were excited, that they really transferred the rudiments to the womb, and that these rudiments engendered the watery accumulations there in the abortive attempts of generation.’—P. 48.

A determined objector may, it is true, still say, that no absolute proof is here given that an ovum had been received in the womb, and that all the appearances may be explained upon the supposition, that the unnatural state of the parts had given rise to disease. But as this disease must at least be allowed to have been excited by coition, and as this is perfectly analogous to what happens in birds, which conceive eggs without the male, this objection can hardly stand. Harvey has given an instance of a parrot which died under these circumstances:—‘Dissecto itaque cadavere (ut mortis causam inquirerem) ovum fere perfectum in utero reperio; sed ob defectum maris corruptum.’\* And he foretold the death of a cassiowary, that had been presented by Maurice Prince of Orange to James the First, because it had expelled eggs without sexual intercourse:—‘Quod etiam non multo post evenit; dissectoque cadavere, ovum imperfectum et corruptum in superiore uteri parte, mortem præmaturam (ut prius in psittaco, aliisque avibus observaveram) attulisse, comperi.’† Now, ignorant as we are, and must be, of the

\* ‘The body therefore being examined, that I might learn the cause of its death, I found an egg almost perfectly formed in the uterus, but corrupted from the absence of the male.’

† ‘Which also not long after happened; and the body being opened, I discovered that an imperfect and corrupted egg, lying in the upper part of

precise nature of the ovum, its form and original composition in mammalia, because so small that it cannot be viewed till the first rudiments of a foetus are also visible, while, on the contrary, in birds the perfect ovum does not increase in size, but only changes in its structure,—it must yet be admitted, that, even supposing the accumulation in the uterus to be disease, it is not improbably an analogous affection with the ova corrupta, as mentioned by Harvey; and so far, therefore, from diminishing the value of the facts as favouring Dr. Blundell's hypothesis, it actually affords additional corroboration of its truth.

In therefore bringing into one point the doctrines respecting this part of the physiology of generation, we may set out with the assertion of Harvey, '*ovum esse primordium commune omnibus animalibus*;' and secondly, that actual contact of the male semen with the ovum is necessary to fecundation. The first dogma we shall leave, as not being the immediate subject of this essay; and the principal facts by which the latter is supported, we shall now proceed very briefly to enumerate. These facts are of three kinds.

The first are, that many animals, as 'the frog, the toad, and a numerous class of fishes,' discharge their ova before fecundation, and are fecundated by the sperm of the male being poured over them afterwards. The silk moth also, as mentioned by John Hunter, forms the egg before it is impregnated, and fecundation is effected as they pass a reservoir containing the sperm. Here, therefore, it is certain that the actual contact of the semen with the ovum is necessary for fecundation.

Secondly, it appears probable that the ova of birds are formed essentially first in the ovary, but that they descend into the oviduct, where they obtain the white, '*donec tandem in extremo utero, membranis testâque duriore assumptis, ad partum perficitur*;' so that the semen of the male may well be supposed to have reached this part, where, so small a quantity being necessary for fecundation, many eggs may be impregnated by a single coitus; and lastly, it is found by experiment upon mammalia, that the communication between the uterus and the ovaries being intercepted by the division of the Fallopian tubes, impregnation cannot have place, but that the ovaries themselves undergo all those changes which are known to attend upon conception: and again, the communication between the vagina and the uterus being intercepted, but the communication between the uterus and the

the uterus, had caused a premature death, as I had formerly observed in the parrot and other birds.'

ovaries being left complete, all these organs undergo the changes usually attendant upon impregnation—the ovaries burst, the uterus swells and becomes filled with fluid, but no foetuses are developed. Farther, if, even after coition, the Fallopian tubes are divided previous to the time that the ovarian vesicles burst, impregnation does not occur; but if the division is made after they have burst, the division has no effect in preventing gestation. By what means the semen arrives into the uterus, whether the vis ejaculationis is sufficient, or whether any peristaltic motion occurs in the vagina, is not probably very ascertainable; yet, seeing how small a portion, according to the experiments of Spallanzani, is necessary for fecundation, no argument drawn from the semen not having been discovered in the uterus, ought to be received against the strong analogies which have just been pointed out.

Dr. Blundell has added to the experiments which merely illustrate the point above discussed, other experiments to obviate any objection that might arise from the supposition that the sterility had been produced by the debility of the genital organs, a consequence of the violence that had been employed. This he has very satisfactorily done; and has very properly noticed, ‘that the human womb, although it may have been cut or destroyed by ulceration, still retains the power of maturing the rudiments.’ To this he might also have joined the remarkable experiment of Dr. Haighton, in which gestation proceeded when the Fallopian tubes had been divided subsequent to coition. Upon the whole, we consider Dr. Blundell to have contributed very considerably to the establishment of the doctrine that actual contact of the semen is necessary to fecundation; and we have the more pleasure in stating this, because, in our review of the preceding paper, we were compelled to speak somewhat unfavourably of his labours.

There is still another subject of this paper which we have not yet touched upon, viz. the true nature of the corpus luteum. We have purposely abstained from making use of Sir Everard Home’s paper on this body, because his observations are principally microscopical; and though in many respects highly favourable to the views we have adopted, viz. that ova are formed ‘independent of sexual intercourse,’ we do not ourselves place upon them an unqualified reliance. Our own observations have been too few to justify us in forming any decided opinion; but we are much disposed to accede to the justness of the following observations of Dr. Blundell. He has previously described the corpus luteum:—

‘In giving the name of corpus luteum to the appearance here

described, I merely adopt the nomenclature of preceding physiologists; and in stating my belief that this appearance is the result of impregnation, or at most of the sexual excitement when exalted to its highest pitch, I am only advancing an opinion which is, I conceive, as far as respects the rabbit, confirmed by observation. I have frequently examined the ovaries of the doe in the virgin condition and during heat, and in one or two cases after the animal had been under the influence of long-continued and lively desire. In the two last instances I have never found the appearances described, though I dare not, from a negative observation, deny that under these circumstances their formation is possible. In the first case, on the contrary, I have invariably discovered them, and older or younger in their appearance, according as they were examined sooner or later after impregnation. *There can therefore, I apprehend, be little doubt, that these appearances occurring in the rabbit are the result of conception.*

We now proceed to the consideration of the last part of Dr. Blundell's volume,—on the transfusion of blood.

The transfusion of blood, as every reader of Haller well knows, is no new proposition, but arose soon after the discovery of the circulation, and was carried to such an extravagant length, that, in the language of that illustrious physiologist, ‘neque multum abfuit quin ad immortalitatem non valde eminus se prospicere persuaderentur,’—men almost persuaded themselves that immortality was at hand. ‘Virium imbecillitas, lypothymia aut syncope, febres ardentes, et intemperies cordis calida, febres petechiales, pestis, venenum, palpitatio cordis, phthisis, epilepsia, angina, suffocatio uteri, et lues venerea,’ by medicines injected into the veins or by the transfusion of blood, were to be utterly routed and dispersed; and it is not a little curious and entertaining to peruse the arguments by which the practice was defended, and the weight which was given to reasonings that at the present day would meet with nothing but ridicule.

The first consideration that is urged by Denis\* is, ‘that to transfuse blood by this new art is nothing else than to imitate nature, who exercises a continual transfusion from the mother to the foetus, through the umbilical vein. Then again, to submit to transfusion is nothing else than to be nourished by a road nearer than the usual one, *i. e.* to transmit blood into the veins ready made instead of food, which undergoes many changes before it is converted into blood. He even says that transfusion is to be preferred, because the food may be submitted to parts badly disposed to effect the proper changes, and hence the blood may be depraved, which would certainly be avoided were blood ready made to be injected

\* J. B. Denis. Philos. Trans., Nos. 27, 30, 32, and 36.

into the veins. Further, likewise, this operation reconciles the discrepant opinions of medical men respecting venesection, which some approve and others condemn; it conciliates the former, because by transfusion the bad blood is evacuated—the latter, because the strength of the patient is not diminished, since the blood that is drawn is replaced by other; and lastly, reason itself dictates that diseases depending upon ‘*intemperie atque sanguinis putredine*’ require to be cured by the transfusion of a pure and well-tempered blood. Nor is his defence against the objections that may possibly be made to the operation, less amusing; and among other possible charges which he thinks it necessary to obviate, is the exhortation of the apostles, to ‘abstain from meats offered to idols, *from blood,*’ &c.; for he adds very gravely, ‘what is here said of eating of blood can by no means be understood of the infusion of blood into the veins.’ Extraordinary, however, as all this may seem, the little book\* from which we have drawn the above passages contains a great portion of information, and relates experiments not only of the transfusion of blood, but of the injection of medicinal substances into the veins. An experiment of the injection of laudanum into those vessels is given with a detail and accuracy which would not be exceeded at the present day. And indeed there is scarcely a point which Dr. Blundell has discussed more amply, which is not hinted at in the *Clysmatica Nova* of Elsholz. But there is, nevertheless, one point left unnoticed, which it must surprise all who reflect upon it should never have struck the early experimenters, *i. e.* its employment as a remedy in hæmorrhage. Whatever may have been the cause of this omission, it did happen; and the principal value of Dr. Blundell’s paper upon transfusion arises from his having made his experiments with this view. In the experiments themselves there is not, of course, much novelty. The only thing absolutely new in them is, the drawing the blood into a vessel, and from this injecting it into the veins. Elsholz, however, used a syringe, but the blood to be injected was made to flow immediately into it, the piston having been previously withdrawn.

The general result of Dr. Blundell’s experiments in injecting the blood of one species of animals into the veins of another, is quite sufficient to forbid any attempt to transfuse the blood of brutes into man, excepting in very small quantities; and as a remedy for the faintness from hæmorrhage, it would scarcely be at all allowable while any chance of life remained without it. The most interesting of his experiments to us

\* J. S. Elsholz. *Clysmatica Nova*, sc. ratio qua in venam sectam medicamenta immitti possunt, additâ inauditâ sanguinis transfusione. Col. 1667.

are those in which he threw air into the veins. These are only two in number; in one, five drachms of air were thrown in five minutes into the femoral vein of a dog scarcely larger than a full-sized cat. 'In consequence of this operation, dyspnœa was produced, together with irregular action of the heart; the pulse, too, became unequal, and the muscular system tremulous. As soon, however, as the animal was liberated, it leaped from the table, licked its wound, and seemed pleased with caresses. On the following day it was languid and restless, and the muscular tremor continued. The pulse intermitted occasionally, and the dog vomited once. In other respects it was tolerably well, and revived completely the third day.'

Three drachms of air were blown into the femoral vein of the same dog afterwards, but on this occasion no inconvenience whatever occurred.

Dr. Blundell has added 'an account of six cases in which the human veins were injected;' but as all these were unsuccessful, it does not appear necessary to notice them farther. We agree with him, however, in thinking that they do not enable us to arrive at any conclusion, either on one side or the other. Our author has given very specific directions for the performance of the operation, for which we refer our readers to the book itself.

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## II.

*An Account of the Disease lately prevalent at the General Milbank Penitentiary.* By P. MERE LATHAM, M.D., Fellow of the Royal College of Physicians, and Physician to St. Bartholomew's Hospital. 1825.

*Third Vindication of the General Penitentiary, &c.; being an Answer to some Observations contained in a Work published by P. MERE LATHAM, M.D., entitled 'An Account,' &c.* By GEORGE HOLFORD, M.P. 1825.

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THE subject of which the two works at the head of this article treat, has now for several years engaged the attention both of the medical public and of many highly gifted and benevolent individuals more or less intimately connected with Government. From certain opinions which the Physicians in attendance gave respecting the origin of the disease, and perhaps from the circumstances with which their appointment was attended, a division of opinion arose very early in the investigation; and Dr. Latham now comes forward as the advocate of his own party. We would that we could call him an ingenuous advocate; but we think that no one, after



reading his book, the able article on this subject in the *Edinburgh Medical and Surgical Journal* of July 1824, and Mr. Holford's pamphlet, will be disposed to consider him as such.

The disease which gave rise to the present dispute first attracted notice in January 1823; and according to the report delivered in April of the same year by Dr. Peter Mere Latham and Dr. Roget, was 'the same with that which is known by the name of sea-scurvy, and which is characterised by livid spots or blotches of the skin, especially on the lower extremities. Conjoined with the scurvy, in almost every case, there was diarrhœa or dysentery. There were, indeed, a few instances of scurvy without disorder of the bowels; and, moreover, numerous instances occurred of diarrhœa and dysentery where no marks of scurvy had appeared. But still, whether the scurvy subsisted alone, or whether they were conjoined in the same individuals, there was found in all those who suffered from either or from both, the same constitutional derangement, denoted by a sallow countenance, an impaired digestion, diminished muscular strength, a feeble circulation, various degrees of nervous affection, as tremors, cramps, or spasms, and various degrees of mental despondency.'

It is not our intention to discuss whether or not scurvy is the proper appellation of this disease; it is sufficient for us to lay before our readers the symptoms by which it was characterised. But if we are to believe Dr. Latham, this self-same disease sometimes attacked the head instead of the bowels, producing phrenitis, convulsions, and death; and at others it exhibited itself as a fever. These diseases and their nature are thus summed up by Dr. L. himself:—

'Thus have I described the complaints prevalent at the General Penitentiary, as they fell under my own observation. These were, a scurvy, a flux of the bowels, a disorder of the brain and nervous system, and a fever. All four, from their extent and frequency, had a claim to be considered as disorders of the prison; and the manner in which they were often combined in the same individuals, and the way in which they were taken up and succeeded by each other, induced the strongest belief that they all sprang *from the same cause, and were in a certain sense the same disease*. The belief was further confirmed in respect to two of them, the flux of the bowels and the disorder of the brain and the nervous system, by the consideration that they were both amenable to one and the same remedy, and, as far as our experience went, intractable by any other.'

Before noticing this remedy, and shewing how very inadequate are the facts which Dr. L. has brought forward

to prove either its efficacy, or in truth that it was not injurious, we extract his own account of this general cause. There is something so amusingly serious and so very novel in his account of a morbid colluvies, that we should scarcely expect the forgiveness of our readers did we withhold it. We must, however, beg to inform our author, that no one, so far as we are acquainted, no, not even the most humble Practitioner, supposes that all the ‘horrible stuff,’ as a celebrated lecturer calls it, which medicine brings away, was previously confined in the bowels. Fighting, however, with this monster of his own raising, he tells us, that

‘It consists better with sound pathology to believe, that, at the period of the severest local pain and severest constitutional disturbance, there is hitherto no accumulation of morbid matter within the stomach; but that its blood-vessels are engaged in a morbid process, which, if its termination is favourable, will be finally *resolved by a gush of foul secretion from their extremities.*’

The expressiveness of the phrase ‘*resolved by a gush,*’ can never be sufficiently admired; but, beautiful as this may seem, it is yet surpassed by the following *logical* reasoning in proof of the doctrine:—

‘That it was not any thing extraneous to the blood-vessels which produced the symptoms, but the blood-vessels themselves by their own morbid action, is rendered probable by the relief which leeches often procure when they are applied to the skin immediately over the seat of the pain: also, by the relief more effectually obtained by remedies which have an express influence upon the blood-vessels being employed together with purgatives than by purgatives alone; for instance, by several doses of calomel, given in succession at short intervals, and followed by senna or jalap, than by senna or jalap alone.’

The great similarity between the known actions of leeches and calomel,—the great certainty that calomel does act upon the blood-vessels, and that jalap and senna do not,—that all these things being so, bring to the point of demonstration that the blood-vessels themselves produce their symptoms by their own morbid actions,—we now learn for the first time. We thank Dr. Latham for the illumination that he has thus afforded us; and in return we beg our readers to peruse our next and last extract: after which, should they be tempted to exclaim, ‘Who is this that darkeneth counsel by words without knowledge?’ we can but assure them that we have faithfully—verbatim and literatim—copied from Dr. Latham’s book,—and to the Doctor himself we must refer them for any further elucidation that they may require: \*—

\* As Dr. Latham appears rather *proctive*, we use a term of his own, to pathological speculations, we recommend the following extract to his atten-

‘ It appears, therefore, most probable, both from the course of the symptoms themselves, and from the efforts of nature for her own relief, from the remedies, and from the conditions of their successful operations, that the disorder of the stomach, described as incident to the early stage of fever, is caused and maintained by a morbid action of a peculiar kind, in which its blood-vessels are engaged at the time.’

We have not thought proper to give a very long statement of the symptoms of this disease in its different forms, because there are other points connected with this question to which more particularly we wish to confine ourselves, and our limits will not permit us to embrace all. The first subject which we shall consider is the employment of mercury in the flux and in the scurvy.

As to this question, the statements of Dr. Latham are so precise and positive, that on first reading them we were disposed merely to wonder, but neither to doubt their accuracy nor distrust the judiciousness of the treatment.

He tells us that this remedy was not tried till after every other medicine had failed, and that even then with considerable caution. Finding it, however, successful under very unpromising circumstances, where ‘ while, on the one hand, they were feeling their way with the mildest preparation of mercury for the purpose of curing their disease, they were, on the other hand, administering wine and cordials for the purpose of upholding the existence of the patients,’ the Physicians first resorted to mercury more generally, and at last universally. ‘ They resorted to it in every case of flux where the remedies hitherto used had not satisfied their expectations. In short, they resorted to it in every case, without exception.’ Their object was always to procure salivation, and the benefit was never observed to be conferred by the remedy till its specific effect had been produced. The cases which Dr. Latham has related in which it proved most useful were *affections of the head*; and by no means did it appear equally serviceable, at least no cases equally striking are given, in the affections of the bowels. The first case of flux in which mercury was employed was of considerable standing,

tion, from an author who bore no little repute in his own day, though perhaps his name may not be very palatable to the Royal College, viz. Dr. Gideon Harvey. To us at least his theory is equally intelligible with that of the learned Fellow of the College :—

‘ The indication for cordials is taken from the defects of the vital and animal spirits, occasioned by the loss of laudable blood, or a vitiated and diminished chymosis, whence blood is not sufficiently engendered for matter to be converted into spirits, and the saccus nutritius, or by the loss of spirits dispersed and consumed by great pains and tortures, or what other cause, by the phenomenon they then conceived, they please to assign.’

and probably all the inflammatory symptoms had disappeared. The Physicians, however, appear not to have made any distinction between the cases, but, in the language of Dr. Granville, to have ‘given directions for a certain quantity of mercury to be given, so as to produce salivation under every circumstance.’ Dr. Granville adds, ‘Of course the committee will not expect me to say whether I am prepared to state what the consequences were of this treatment. I can only repeat, that I found 440 or 450 patients on the list under medical treatment; that in most of them the patients had continued eight, ten, or twelve weeks; (I beg that that expression of mine may apply to the number of cases I examined, my attention being directed to those *who had been the longest time there, and continued ill, notwithstanding the use of mercury, and the use of mercury was simultaneous with the whole time I have mentioned;*) that great complaints of relapses were made by some of the officers of the Penitentiary; that a large number of the patients had their mouths ulcerated or salivated to a high degree; that many of the latter are in bed, better with regard to their bowels, but still in bed and not able to leave it; that none have been discharged since the first of June, according to the statement made to me by Mr. Pratt; that thirty-two appear to have died since January, which gives a mortality of seven in the hundred; and that of fourteen or fifteen that have been examined *post mortem*, according to Dr. Roget’s communication with me, *the intestines were found in a state of ulceration in the majority of cases.*’

Here, then, is a statement of Dr. Granville’s, given in evidence before a committee of the House of Commons, in direct opposition to the statement of Dr. Latham, and open to contradiction if it were untrue, and *it has not been contradicted*. It certainly was incumbent upon Dr. Latham to have reconciled, if capable of being reconciled, his own account with Dr. Granville’s report; for as it stands at present, we hesitate not to assert, that there is every appearance of an attempt to justify a practice by mere positiveness, which, while it is at utter variance with the best-established medical opinions, was injurious in the highest degree to the disease in question. Neither is this the only point in which our author must be accused of disingenuousness, for (with what intent we may perhaps hereafter mention) he has altogether omitted one most essential part of the treatment which was originally instituted. In stating this, we cannot do better than employ the language of Mr. Holford. The first sentence is an extract from Dr. Latham’s book:—

‘ “ These were the remedies (*viz.* chalk mixture and tincture of opium) which we found the medical officers prescribing, when we

were first called into the Penitentiary; and seeing that they answered so well the purpose for which they were intended, we abstained from instituting any new course of treatment." Now I must really be allowed to call in question the accuracy of this statement: so far were the remedies, whatever they may have been, which the medical officers were prescribing when Dr. Latham and Dr. Roget were called in, from answering, that the disease was spreading with frightful rapidity through the prison; and so far were these gentlemen from abstaining from any new method of treatment, that the prisoners, having by their order four ounces of meat per day, devoured also, under their direction, no fewer than 86,099 oranges (many of them peel and all) between the time of their being called in (viz. the 1st of March) and the end of April, of which 86,099 oranges 69,679 were so disposed of before the 5th of April, and *during the very month to which the assertion in Dr. Latham's book particularly relates.* At that time the check given to the disorder, which was, alas! but temporary, was attributed to the improved diet and the oranges.' 'Either the oranges were really useful, or they were not: if the merit of service which they rendered is unjustly ascribed to the chalk mixture, the medical world, for whose instruction Dr. Latham writes, is misled; and if no essential benefit resulted from the 86,099 oranges, we (the committee of the Penitentiary) were greatly misinformed, for under that belief, derived from Dr. Latham and his colleague, we went on purchasing oranges, till we had spent 300*l.* of the public money. I do not see how Dr. Latham is to get off the horns of this dilemma; at all events, the employment of such a number of oranges medicinally ought to have found a place in a work which professes to give a history of the late disease and its medical treatment.'\*

Here, then, as regards the treatment, we leave Dr. Latham. It is clear to us, that mercury was carried to a most unwarrantable extent in the disease of the Penitentiary, and not less clear, that, for some purpose or other, he has chosen to give 'an erroneous and imperfect account of these matters.' We do not envy him the feelings with which he must have perused, in Mr. Holford's 'Vindication,' the above extract.

The next question which we propose to consider, is the origin of the disease, both as to the period of its commencement and its cause.

Now both these questions are, in the present case, very intimately connected with each other. For, as Dr. Latham contends that the disease had its source in a 'noxious influence peculiar to the place,' it was necessary to shew that

\* We would ask Dr. Latham, how it happens that no tables have been published, by which the consequences of the treatment might have been certainly known? Surely he could never expect the Profession to rest satisfied with his simple assertion, while evidence so contradictory exists in the minutes of the House of Commons. 'Tis strange, 'tis passing strange!

it had always existed, in some form or other, from the original establishment of the Penitentiary, and to this point he particularly directs himself. There seems, however, a very good understanding among all the Doctors employed, viz. Drs. Latham, Roget, Hue, Macmichael, and Southey; and after stating that this local, noxious influence, whatever it was, had gradually become more and more limited in its extent until the commencement of 1823, they conclude with the following paragraph:—

‘ Our belief is, that but for the change of diet, and the severe and protracted winter, the disease never would have assumed the form of an epidemic. The universal debility produced by these causes rendered the prisoners more obnoxious to an influence which, as far as we can judge, had become less powerful in itself for the production of disease.’

Now, first, with regard to the time of its appearance, we have again to decide between opposite testimonies. Drs. Roget and Latham state that they had fully satisfied themselves that there existed among the female prisoners a few cases of decided scurvy as early as the month of November 1822; and Dr. Hutchison says, ‘ *I deny that the disease could be traced farther back in any one individual than the period I have fixed.*’ We cannot pretend to declare positively in favour of either statement; but we certainly are much more inclined to confide in the testimony of Dr. Hutchison, who was in attendance, than that of Drs. Latham and Roget, who had the hearsay testimonies of the prisoners, and the interested evidence of the creature Mr. Pratt. This discrepancy, however, relates to the origin of the scurvy; but our author is by no means content with so recent an origin of the flux, but makes it contemporaneous with the first time of the Penitentiary being inhabited; and the manner in which he attempts to prove this, that at the same time he may prove a noxious influence peculiar to itself, is the most extraordinary that we ever remember to have seen. In this part it is that we shall be indebted very largely to Mr. Holford, who has given us no slight insight into the general conduct of the Physicians.

It will, we are sure, much surprise our readers, when they are told that this inference respecting the prevalence of diarrhoea is not derived from any list of diseases, but entirely from the apothecaries’ day-book, and from such entries as the following:—

In 1816, 1 quart bottle of chalk mixture for kitchen women.

Do. 1 ..... Mrs. Clarke’s women.

1817, 2 quarts do. .... do.

Now, certainly no one possessed of sound discretion would,



we should think, under any circumstances have ventured to have inferred positively the existence of diarrhoea to any extent from such documents as these; how much less then should we expect them to be used for such a purpose, when the following statement of Dr. Hutchison's had been made before the committee, who had previously stated the mixture to have been composed of chalk, tincture of calumba, and aromatic confection? It was given in answer to the question, 'if it was a safe medicine to give without removing a patient to the infirmary?' Dr. Hutchison says—

'Yes—and a medicine that was sought after by the prisoners; because they said it produced a glow of warmth to their stomachs; and I should also add, that as I prescribed it in the infirmary (and I had no reason to suppose that it was prepared in any other shape for the pentagons), there was likewise added to each dose of the mixture five drops of laudanum, to allay irritation in the bowels.'

Dr. Latham, however, has never noticed this evidence; and though our opinion may seem harsh, it does appear to us that he has studiously abstained from giving any information which was at variance with his own dogmas. But the extract we have just given is not the only answer of Dr. Hutchison bearing closely upon this subject; for he says also, in reply to—

'Whether he thinks that the prisoners would have shammed complaints for the sake of having that dose?'

'Most undoubtedly I think so; and that they have done so I am sure.'

After this, our readers will be quite prepared for the following extract from Mr. Holford's 'Third Vindication':—

'The most extraordinary part of the conduct of the Physicians, a part of their conduct which has never been explained or accounted for in any way, and which, I own, appears to me quite inexplicable and indefensible, is their omission during the whole of the important investigation, from which their report resulted, to refer in any manner to the late superintendant Dr. Hutchison. His evidence before the committee of the House of Commons seems to be quite decisive as to the circumstances under which the chalk mixture was used, and as to the utter impossibility of making it the foundation of such inferences as the Physicians have raised upon it.'

We have now given the whole of the facts by which the opinion is supported that the disease depended upon 'a noxious influence peculiar to the place,' if we except that the Physicians were 'indebted to the voluntary suggestion of Mr. Pratt for enabling them to trace out, retrospectively, headach and vertigo through every page of his own books.' Now let it be remembered, that, throughout, there is the plainest evidence that Mr. Pratt, (having previously brought

a most unfounded accusation against Dr. Hutchison, apparently because he had been appointed to take 'the superintendence and control of the whole medical department of the prison, the committee having discovered that it was unadvisable to leave this branch of their concerns under the management of Mr. Pratt,') is ready to accede to every suggestion of the Physicians, that he frames his answers to suit their views, and finally produces his books, with an observation, 'How lucky it is I have kept them;' which, if it means any thing, must be on account of the support he could thus give to the opinions of his superiors. Yet is it upon this same Mr. Pratt, this gentleman who was 'in the habit of giving to his conjectures the dignity of facts,' as Mr. Holford charitably terms it, to his voluntary interpretations and his memory of past occurrences, aided by his day-book and entries of quarts and gallons of chalk mixture, that Dr. Latham is dependent for the accuracy of his account. We must, however, give the Doctor credit for appearing somewhat distrustful of his witness, and not always seeming to have perfect reliance upon him. In fact, there are frequent indications of fear, lest, with such a witness, his case should break down under him.

Dr. Latham has rejected contagion among the causes of the great frequency of the disease; and though Mr. Holford advocates it, we are not prepared, without further and better attested evidence, to decide in its favour. It seems clear, however, that if the locality ever did produce the disease, it has no longer the same effect; for Mr. H. states, that 'the prisoners who now inhabit it are healthy, many of them being much more in health than they were when they came there.'

There is yet another subject upon which we wished to have remarked, but neither our time nor limits will permit us to extend this article; we mean, upon the real prevalence of the disorders. We do not intend to deny that they were frequent, but many circumstances have led us to believe that the medical officers were very grossly imposed upon in a considerable number of the patients. We refer our readers, however, upon this subject to Dr. Latham's chapter on the 'Removal of the Prisoners from the Penitentiary,' which first raised our suspicion, and Drs. Hutchison's, Baird's, and even Mr. Pratt's in the Report from the Select Committee on the Penitentiary at Milbank; and we are much mis-lead, if, after reading them, they will not come to the conclusion, viz. that a real and serious disease existed, but that its extent has been greatly exaggerated by the deceptions of the prisoners, and the partiality of the Physicians in attendance.

We are sorry that we have been obliged to give so unfavourable an opinion of the merits of Dr. Latham's work, as may be gathered from the foregoing remarks. We undertook the task of reviewing it and Mr. Holford's pamphlet with prepossessions in favour of Dr. Latham, derived from the reputation which he possesses—and we believe deservedly—for zeal in pathological research, and from the marks of talent which his work evinced on a superficial glance at its pages. But after closely considering its contents, and comparing them with the evidence given before the committees of the House of Commons, and with the information which has elsewhere been published on the subject, we could not, with a due regard to the duty which our office imposes on us, give a different opinion from that which we have expressed, or convey the strictures which we have offered in terms less strong than those which we have adopted. If our readers consider our remarks in any way too severe, we can assure them that these remarks have been made with the best sentiments towards Dr. Latham, and that they have not been commensurate with the disappointment we experienced upon closely considering his work. We may, indeed, have commenced our task with expectations too highly raised; but there are opportunities in our Profession which warrant even the highest expectations from some of its members—opportunities which are enjoyed by a few fortunate individuals only, and which, unfortunately for the Profession, are not open to all who, by education, talents, and character, are surely equally deserving the possession of them. It is only right, also, that reviewers should not altogether forget an assurance of the first import which has been left to the remembrance of them and of all, more especially as it respects opportunities of knowledge, that ‘from those to whom much is given much also shall be required;’ and surely it is now time that the Profession generally should look for that return which, in several points of view, they have a right to expect.

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### III.

*Elements of Pathology and Therapeutics, &c. Vol. II. GENERAL THERAPEUTICS.* By CALEB HILLIER PARRY, M.D., F.R.S., &c. &c. Pp. 46.

THE fragment of which we are about to give an account to our readers, forms an appendix to the second edition of the ‘*Elements of Pathology.*’ It was the only portion written

of the proposed second volume of the author's undertaking, when he was seized with his lamented, and ultimately fatal, indisposition. Dr. Ch. Parry professes to give it in its uncorrected state, as left by its author: it does not, therefore, become us to give more than an analysis of the opinions it conveys.

*The Effects of Habits in creating Predisposition to Disease.*

Dr. Parry states, that he has endeavoured, in his 'Elements,' to establish certain general principles respecting the greater number of those congeries or trains of phenomena, which constitute what are called diseases; and that he 'has attempted to shew, that in all there is one condition, either cognisable by the senses, or admissible on the clearest grounds of induction, which condition is a degree of momentum or fulness of blood, excessive with regard to the usual state of the vessels of the part, or other circumstances of the system.' After enunciating this very general proposition, which Dr. Ch. Parry will find difficult to reconcile with much of the reasoning into which he has entered in the concluding chapters of his 'Introductory Essays,'\* the author proceeds to make some 'inquiries relative to the more remote causes, whether they constitute predisposition or excitement,' and commences with the subject of early education.

'4. We may first advert,' he observes, 'to that predisposition which is observable from almost the earliest periods of infancy, to attempt, by all possible means, the gratification of every want, and the removal of every present suffering.'

'8. To this criminal indulgence of innate propensities during childhood may chiefly be traced those vicious habits which afterwards "grow with our growth and strengthen with our strength," are the bane of all our social virtues, and unfit us alike for present and future happiness.'

Having illustrated these propositions, the author proceeds to remark, that

'12. The parent and the nurse act with regard to the child precisely in conformity to their own habits. Accustomed rarely to look for the regulation of their conduct beyond the feelings of the present moment, they apply the same rule to that being whom Providence has entrusted to their care. They perceive that he is afflicted by the exertion of due authority; and the expressions of his afflictions are intolerable to them. All, therefore, which they are anxious to accomplish is their own immediate ease; and it is not till too late

\* We have deferred the analysis of these chapters (on Determination of Blood, and on Nervous Diseases), in order that they may receive a closer and fuller examination than can be bestowed upon them within the short period which has elapsed since their publication.

that they discover—if their ignorance or selfishness will permit them ever to discover—that, by their conduct, they have defeated their own' purpose, and rendered inveterate those very evils which they strove to shun.'

From the subject of early indulgence, as it constitutes pre-disposition to disease, Dr. Parry passes, by a natural transition, to the consideration of the effects produced by a disregard to bodily exercise.

' 17. Men who are nurtured in habits of self-indulgence not only bear with impatience those inconveniences which are common to the rest of mankind, but possess an acuteness of perception, which converts indifferent perceptions into actual sufferings.

' 18. But even in those cases in which indolence and an assiduous escape from the common pains and irritations of life have been carried to a much less extent than just specified, they naturally lead to a state of the system incompatible with happiness or comfort.

' 19. The predisposition being thus created, every thing which can concur to the eventual torment of the unhappy being through the greater part of the course of life, is, on principle, carefully super-added.

' 20. Towards this end the first step is the dereliction of bodily exercise; so that when the youth, who, during boyhood, had derived his chief pleasure from every variety of muscular exertion, commences that occupation which is to form the business of his future life, the exercise of his body by means of its own muscles almost wholly ceases.

' 21. Hence, at the commencement of adult age, occur, in males, headach, and various affections of the brain; and, at a more advanced period, gout, dropsy, and all those complaints which are called bilious.'

The author next shews that these maladies, with the exception of gout, affect still more severely the female sex; owing to the physical restraints, and the reputed decorums of society, to which they are subjected at a still earlier age than males; and he makes some very apposite remarks upon the effects which result from confining the trunk of the body by means of stays, which prevent flexion of the spine, and consequently occasion debility, from disuse of its muscles. From the mechanical restraint thus offered to the action of the muscles of the trunk and to the descent of the diaphragm, respiration is impeded, and the functions more intimately associated with that of respiration become deranged. Hence spring, as the author remarks, chlorosis, pulmonary consumption, and scrofula, in addition to the disorders previously alluded to.

After several just remarks upon the inefficiency of horse

and carriage exercise, Dr. Parry proceeds to the subject of excess of diet.

‘ 45. The indolence to which I have adverted is peculiarly injurious when conjoined with full meals, especially of animal food. To such excess we are, however, habitually stimulated by every variety of taste produced by the arts of cookery, by the admixture of condiments, and by the interposition of alcohol in its different forms.

‘ 46. This habit of indulgence in the pleasures of the table, under various modifications, especially occurs to persons rather beyond the middle periods of life; to men who have become affluent in laborious occupations, and to females who have been pampered during frequent pregnancies. From the combination of indolence and gluttony arises a degree of obesity, as offensive as it is destructive of the little mental and bodily power which the prior habits themselves would otherwise have permitted to remain.

‘ 47. The coincidence of obesity, or plethora, with indolence, not only produces a great predisposition to diseases of the alimentary canal, liver, head, heart, organs of respiration, and serous membranes, but also renders patients irrecoverable from numerous casual disorders, which otherwise would have been attended with no important consequences.

‘ 48. Among the practices consequent on the mental weakness already described, may be reckoned the use of wine and other modifications of alcohol as a part of constant diet; and which few persons would habitually take, were they not temporarily relieved from certain degrees of mental or bodily torpor which they have not the fortitude to sustain, or the patience to relieve, by slower but more effectual means.’

Dr. Parry very justly remarks, and indeed every person of observation must have remarked, that the habitual use of moderate quantities of wine or spirits with our meals is as hurtful to the system as occasional or even frequent drunkenness. The late Dr. Gregory used to insist, in his lectures, that, of the two, the latter was much less detrimental. After alluding to the bad effects of late hours, and to the beneficial powers of light upon the vegetable creation,\* Dr. Parry proceeds to observe:—

‘ 56. Another evil, attributable to similar causes, is the habitual exposure to the heat of large fires, and the indiscriminate use of flannel garments next the skin, both of which tend to produce excessive action of the heart, and to make the frame morbidly susceptible of the action of cold, during that exercise which is essential to health.

\* The effects of light upon the animal frame has escaped the attention of pathologists in a remarkable manner. There can be little doubt that it exerts upon animals, as well as it does upon vegetables, a most beneficial influence, as respects both the growth and strength of the animal, and resistance to the causes of disease.



‘ 58. These facts shew, beyond all dispute, the truth of the proposition, that the predisposition to the worst maladies of the animal frame grows out of these habits, which are chiefly peculiar to the condition of civilised society.

‘ 59. The view thus given is a very cursory one. It is, however, derived from actual and long observation; and is not the less just, because, conformably to the nature of this work, I have omitted the detail of facts by which it is proved; or because, in giving it, I have neither flattered the prejudices nor soothed the weakness or the vices of mankind.

‘ 60. To the early desuetude of restraint, and the habits of self-gratification above mentioned, we may attribute many of those intemperate indulgencies of natural appetites, which act both as predisposing and exciting causes of various maladies.

‘ 61. Inde apud mares oritur veneris cultus præcox et effrænus; quo nihil mentem magis infirmat, nihil corporis vires magis frangit, nihil articulorum, ventriculi, cordis, cerebri morbis, virum magis obnoxium reddit.’

*Predisposition from Habits, a Cause of increased Determination.*

The author very justly remarks, that, ‘ under a strong predisposition, a slight exciting cause is sufficient to give rise to a malady; and conversely, under a slight predisposition, a strong exciting cause is requisite.’ But it is not so easy to explain in what manner the capillaries, which are the seat of disease, become predisposed, and the mode in which causes affect them. Accordingly, the diversity of the explanations which have been offered on these points have been as great as the difficulties which beset them. The following extracts will perhaps convey to our readers some notion of Dr. Parry’s opinions respecting them:—

‘ 72. Since it appears, that, as long as organic life continues, the tonic power of such vessels contracts them within the sphere of their elastic power, which however operates to re-expand them to a certain degree, after their organic life has ceased, we have reason to infer that this tonicity acts only in a mode similar to that of muscular parts, that is, by shortening the texture possessing it, or, in a hollow part, by reducing its area.

‘ 73. Now as there is reason to believe that capillary vessels, employed as conduits for carrying on the circulation, have powers similar to those of the larger arteries, though perhaps differing as to the proportion of those powers, we have no reason, either from analogy or actual observation, to conclude, that, when unduly dilated, they owe this state to any other causes than either an increased force of dilatation within, or a defect either of tonicity or mechanical resistance.’

After adducing a few instances of local determination, which are calculated to shew that the determination is not

the consequence of causes affecting the elasticity of the vessels, Dr. Parry concludes 'that the phenomenon is dependent upon a change produced upon the tonicity of the minute vessels of the part.' With respect to the nature of this change, he observes : —

' 76. Under this view, the cause of predisposition in the vessels of a part is their defect of tonicity, or vital contractility ; which, conformably to what has already been stated under the head of various diseases, may exist in such a degree, as to admit of such diseases even under the natural impetus of the blood.

' 77. Why, from the causes which have been detailed, such a disposition to local defect of tonicity should take place, we can, in many respects, at best only plausibly infer.

' 78. With regard to mental causes, we see a considerable degree of analogy between their action on the tonicity of vessels through the sensorium commune, and the operation of pressure on the brain, in producing paralytic relaxation of various muscles.

' 79. There is, however, another analogy of a more obvious kind ; which is, the diminished contractility usually observable in muscles after they have been long or violently stimulated to action.

' 80. On this principle, we may reasonably explain the disposition to excessive determinations of blood, which is so apt to follow violent or long-continued increased impetus in certain parts, or the whole, of the sanguiferous system ; such impetus having incapacitated the capillary vessels from that degree of vital contractility, which is necessary to the continuance of their healthy functions.'

That the change which takes place in the vessels, whether the change be one of predisposition or of actual disease, is a change of its vital condition, we readily grant—whether, also, that vital condition be termed tonicity, or called by any other name ; but that the change consists of a defect of tonicity in the early stages of disease more particularly, cannot be so readily conceded, and is certainly not made out by the proofs which the author has adduced. Indeed, the sentiments contained in the paragraph following those previously quoted, instead of being a consequence of this doctrine, are better calculated to support its converse.

' 81. Hence we find, that persons who, during what is called health, have a preternaturally quick or strong pulse, are much more subject to all the diseases of excessive local determination than others, whose circulation is constitutionally more moderate.

' 82. In such cases, the general increased impetus, though usually to be considered as an occasional or exciting cause, acts as a cause of predisposition.

' From what has been said it seems to follow, that, whatever may be the causes of excitement, the state immediately constituting the disease in such cases, is the want of a due degree of tonicity in the capillaries immediately affected.'

Dr. Parry next inquires, 'through what media the several causes of predisposition, already specified, operate in increasing the general or local momentum of the blood.' And here he considers it obvious, 'first, that all of them, except indolence, immediately produce an increased action of the heart, and consequently, for the most part, an increased general momentum of blood. Secondly, indolence and full living produce a tendency to general plethora, or fulness of blood.'

'86. The second state shews itself by the circumstances of the pulse, venous distension, general heat, and frequently obesity of the patient relatively to that of other persons of the same age, sex, and bulk.

'87. Here it is necessary to decide in what sense the term plethora is employed :-

'89. It seems to apply only to the existence, in any vessel or vessels, of such a quantity of blood, as dilates it or them beyond the degree which is usual in the same persons, or others of the same bulk, under other circumstances.'

After stating that the accounts we possess of the experiments which have been made on the transfusion of blood are favourable to the inference that general plethora tends to the production of local disease, Dr. Parry proceeds to observe :—

'97. When we consider the sanguiferous system, not merely as a set of dead tubes, but as a living machine, having in itself powers of accommodation, whether morbid or salutary, to the relative situation in which it is placed, we cannot wonder at all those circumstances of affection or action, which result from the influence of external agents, modified by those inherent powers.

'98. To these affections or actions, the blood itself seems to be a peculiar stimulus, whether we consider that stimulus as operating more remotely, through the brain, or more directly on the vascular system itself, through which it more or less constantly and immediately circulates.

'99. Although, therefore, we have no evidence that the arterial system in any way actively contributes to the mechanical circulation of the blood in a state of health, or that, in a similar state, the capillaries exert any propulsive power; yet there can be no doubt that if either of these systems, in any part, comes to be preternaturally distended with blood, they have, under certain circumstances, severally the power of contracting themselves to the healthy degree, and of thus expelling the superfluous blood, which circulated through them.

'100. If, then, we can suppose the dilating force to be increased, as it must be in proportion to the increased quantity of blood which constitutes it, and a tonic re-action takes place in any part of the arterial system, so that the arteries of that part return to their usual diameter; it is evident that, the quantity of blood in the

whole system remaining the same, certain other parts, or the whole remainder of the system, must have its capacity and quantity of blood proportionably augmented.

' 101. This condition, the velocity of the blood being given, implies an increased momentum in such dilated part or parts; and thus we may conceive a reason, why a state of plethora, produced by the various habits above mentioned, may give occasion to local excessive determinations of blood, exclusively of any perceptible increased action of the heart.

' 102. Experiment indeed demonstrates that the disposition to contraction in the larger arteries is not, under apparently similar circumstances, every where alike; so that they will contract unequally and suddenly, and, in this way, may be supposed to serve for a moment as hearts to particular parts of the capillaries.

' 103. This we might suppose especially to happen to any part in which the capillaries were peculiarly weak and unresisting; so that there should be the coincidence of increased contraction of the artery, with diminished contraction in the capillaries to which it led.

' 104. In this theory there is some speciousness; but the question is whether there be equal truth; since, on the contrary, we find that all the larger discoverable arteries leading to parts either inflamed, or similarly disordered, are not only not contracted, but actually enlarged.'

That there should be increased contraction of the artery beyond its natural diameter, with diminished contraction of the capillaries proceeding from it (103), is not a probable coincidence, particularly as respects the absolute area of the vessels; since we have no satisfactory proof that such coincidence has been observed, and much difficulty to believe the possibility of its existence. But, that the larger arteries leading to parts either inflamed or similarly disordered (104), are not contracted, but actually enlarged, is certainly the fact, so far as observation is concerned, and is exactly the condition which, *à priori*, we would be led to expect. Dr. Parry remarks, in continuation —

' 105. I found that where, either from a partial ligature, or from a natural cause, the area of an artery was considerably diminished, the pulse in the artery beyond that part was so far from being stronger, that it was greatly enfeebled.

' 106. Whether any alternate dilatation and contraction takes place in arteries preternaturally distended for the purpose of supplying inflamed parts, actual observation has not enabled me to decide.

' 108. Since, however, in a carotid considerably dilated by a ligature of the corresponding carotid on the opposite side, no such alternate motion was perceivable, we have strong analogical reason

for concluding, that no alternation of this kind occurs in arteries unusually distended in consequence of leading to inflamed parts.

‘ 109. We therefore want better evidence than any which I am able to adduce, as to the cause of many simply local increased determinations of blood, arising under a plethoric state of the constitution; although the fact itself seems to have in its favour the concurrent testimony of medical practitioners.

‘ 110. It seems, however, as if the more immediate and ordinary influence of a certain degree of undue plethora were on the heart itself, which is thereby stimulated to increased action, and therefore is the great cause of an excessive momentum throughout the sanguiferous system, and, in the mode already explained, of an undue determination to certain parts of the system of the capillaries.

‘ 111. What share an accidental, or habitual, plethora of any or all the veins may have in producing an obstruction to the free evacuation of certain parts, or the whole of the arterial system, it is difficult to determine.

‘ 112. The existence of a venous plethora or fulness is supposed to arise, accidentally, from various causes; and it is believed to exist, constitutionally, after a certain period of life, when the balance of the sanguiferous system is so changed, that the preponderance, which, at an earlier period, occurred in the magnitude of the arteries, is now transferred to the veins.’

Dr. Parry has here overlooked a condition of the system much insisted upon by pathologists, viz. that plethora may, and actually does, exist without an increase of power in the moving or circulating organs; nay, that it more frequently is accompanied with a diminution of this power, and that it even results from such a state. The diminution of power accompanying plethora may relate more particularly to the action of the heart, of the veins, or of the system of the vena portæ; but whatever relation it may hold with particular parts of the sanguiferous system, its frequent relation with plethora is undoubted. If this proposition be admitted, the universality of the proposition in one of the paragraphs (110) now quoted, cannot be allowed.

Our author next considers plethora in the veins in relation to predisposition to disease; and he here takes occasion to remark upon the part which the veins perform in the circulation of the blood, and in occasioning local determination. As we find but little, at this place, which is not amongst the most familiar objects of our knowledge, we shall not detain our readers with many more extracts.

‘ 125. To me it seems that authors are far from attributing to the left ventricle of the heart a sufficient power of propelling the blood through the capillaries and veins.’

‘ 131. Were not the propulsory power of the ventricle sufficient

for the ordinary purposes of healthy circulation, how could that circulation so uniformly continue during sleep, when there is no alternate movement and rest of any muscles, except those of respiration; and how, in asphyxia, happens it that the whole venous circulation is renewed, as soon as the action of the heart is restored, and no sooner?’

‘ 133. That the influence of the left ventricle is capable of reaching the smaller veins during both ordinary and languid circulation, appears from the microscopical observations on water-newts, green frogs, the incubated eggs of fowls, and tadpoles, by Spallanzani; who found that, in innumerable veins, the venous blood was evidently accelerated during the systole of the ventricle, and retarded during the diastole.

‘ 134. Mr. Hunter also remarks, that blood taken from the veins near the extremities, not unfrequently flows with alternate jets, as from arteries; an evident proof of a similar influence of the ventricle on vessels recently continued from the extremities of arteries.’

‘ 136. In the former volume of this work, I suggested the possibility, that the expansion and consequent vacuum of the right auricle might have some share in producing a mechanical entrance of the blood from the *venæ cavæ* into that cavity; and to this source some persons might attribute the occasional jet of blood in the veins.

‘ 137. If, however, this cause exist at all, its influence must be very slight; since, first, although the auricle is well known to act after other parts of the heart have become quiescent, yet, in a great variety of cases, that cavity, in common with the others, is found empty of blood; and, secondly, because, conformably to the observations of Mr. Hunter already quoted, the jet of blood is most perceptible the farther, in the course of circulation, the vein is from the heart. So also in the microscopical observations of Spallanzani on the water-newt, that author saw that the jet of venous blood, corresponding with the systole of the ventricle, diminished as the vein approached the heart.

‘ Although, therefore, some coincident powers, at which I have already hinted, may assist the venous circulation, there seems no just ground to doubt, that it is the left ventricle which mainly effects the circulation of the blood throughout its entire course.

‘ 138. It is worthy of remark, that many of those authors who deny all influence of the heart or arteries on the venous circulation, yet attribute certain morbid effects, as hæmorrhages and serous effusions, to that very influence.

‘ 139. This conclusion is probably well founded; and the effort seems to be the natural, though probably not the most beneficial, means of removing that plethora which occasioned it.

‘ 140. We can easily conceive, that such a plethora in the veins, opposing a great resistance to the advance of the arterial blood, may stimulate the heart to a proportionably strong, sharp, or frequent action.’



We have given, for the benefit of those of our readers who may have the first edition of the 'Elements of Pathology,' a very full analysis of the fragment contained in the Appendix to the second.

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## IV.

*Observations on the Use of the Colchicum Autumnale in the Treatment of Gout; and on the proper Means of preventing the Recurrence of that Disorder.* By CHARLES SCUDAMORE, M.D., F.R.S., &c. 8vo. Pp. 120. London, 1825.

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THE pages of this Journal have been, at different times, the medium through which much valuable information respecting the medicinal properties of the colchicum autumnale has been conveyed to the Profession at large; and we believe, that there scarcely may be now found a single Practitioner who cannot speak, from his own experience, of the relative properties of the different preparations of this plant—of those made both from the root, and from the seeds. The preparations of the flowers of this plant are, perhaps, as yet much less known to Practitioners, but of the virtues of these, we doubt not, that they will take the requisite means of satisfying themselves.

Although the majority of medical men may be tolerably agreed respecting the propriety of exhibiting the colchicum in some diseases, still they are by no means so as to others, nor even as to the preparations which ought to be preferred. Knowing, therefore, the diversity of opinions existing on these points, and being desirous of becoming acquainted with the results of the experience of a Physician on the subject of so important an article in the materia medica as the colchicum most undoubtedly is, we took up Dr. Scudamore's work in the expectation of finding these matters fully discussed in it. This he has, however, declined to perform; and, instead of presenting us with a detailed account of the result of his observations on the different preparations of colchicum, in the various diseases in which he may have prescribed them, he has merely given us his experience of the effects of a few of them in gout.

The first idea which naturally enough suggests itself to the medical reader on perusing this volume is this: seeing that the author has already written a huge volume upon the subject of gout, and seeing also, that the last edition has only appeared a very few months before the present produc-

tion, why has he not chosen to give the results of his knowledge on the subject of colchicum with relation to gout, when gout was his theme,—the use of colchicum for its cure being necessarily a subordinate, but an important part of it?

Although we would not choose to accuse our author of craft in this matter — more especially as we dislike to attach any of the various meanings of this term to the literary or scientific part of the exercise of one's profession — yet we must confess that this production — this postscript to his very voluminous book — savours but too much of it. Why has he carried the 'division of labour' so far, as to attach himself, on this occasion, to gout alone? Might he not have included rheumatism with advantage, if he considered the subject of colchicum too extensive in its relation to other diseases?

We are sorry when we are obliged thus to censure a work; but where censure is clearly due, we cannot, consistently with our duty, and with the credit which we wish to have attached to our opinions, withhold it. People who make books, do so with their eyes open to what they have to expect, or ought to expect, from the acknowledged guardians of professional literature: if they run the risk of their imprudence, they must thank themselves for the consequences legitimately resulting therefrom, and more particularly for those consequences which respect themselves.

The author informs us, in his preface, that he 'has endeavoured, in the following pages, to present a clear outline of his opinion on the use of Colchicum; and of the view which he has taken of the theory and treatment of Gout.' Now, if the present small volume contain all this, what need was there for the large volume on the same subjects? And, if the former ponderous tome contained, as it professed to contain, a full exposition of these views, why occupy the time and attention of the Profession with another work on the same subject, conveying the same opinions as the former?

It is not our business to do what our author ought to have done, or not have touched upon the subject at all, and that is, to have given a clear statement of the present state of medical knowledge respecting the use of the different preparations of colchicum in disease. This, however, we shall do very succinctly when we shall have occasion — as we shall soon — to bring the articles of the *materia medica* fully under the consideration of our readers; at present our concern is only with Dr. Scudamore's manner of viewing the subject, and with the information he gives us respecting it.

By way of preliminary observations to the treatment of

gout, and to the consideration of the merits of colchicum, the author offers some remarks on the nature of the disease. At this place he gives, concisely, a very excellent account of the characteristic conditions which generally distinguish the predisposition to the disease, or the first seizures of it: and we have not the less pleasure in noticing this, inasmuch as we have been under the necessity of censuring the author, as he deserved, for making two books upon the same subject, and for adapting them both — the latter particularly — to the unprofessional reader.

‘ For the most part, however, those persons who eat heartily of animal food, and who drink, freely, wine or strong malt liquor and spirits, become subject to gout; unless the influence of such causes be counteracted by very active exercise, and by a strength and equality of balance in the whole circulation; so that, congestion in the vessels of the viscera below the stomach is not in any considerable degree produced.

‘ I am now giving a general description, and claim a license against the exceptions to it, which occasional and individual examples would furnish. In this general view, therefore, I proceed to observe, that the kind of constitutional error which attends a first fit of gout, is an overcharged state of the vessels which belong to the abdominal viscera, and chiefly in the vessels connected with the liver; the secreting action of this important organ being also, in some way, altered from its usual state. The stomach itself is the organ least deviating from its ordinary and healthy state. The appetite very commonly continues natural, unless, indeed, the symptoms are sufficiently severe to produce high sympathetic fever, when thirst and loss of appetite would naturally follow. The stomach, it is true, has been the parent source of the gout, in being the medium through which too much animal material has been introduced into the system; but it seldom suffers itself any sensible inconvenience in the first instance.

‘ In the progress of time, if improper habits are continued, dyspepsia or true indigestion will be produced. Most commonly, we find upon inquiry that the patient traces a gradual enlargement of the abdomen, joined with various indications of an increasing fullness of habit. The veins, especially in the lower extremities, but also in the hands, are more distended with blood than is natural. The medical observer, upon a closer investigation, discovers a want of due softness and pliancy in the right hypochondrium, where the principal part of the liver is situated; the whole of the abdomen is unduly distended; and the muscles are usually much covered with an accumulation of fat.

‘ In a few words, there is too much abdominal corpulence; the secretions are changed from their natural state; the intestinal evacuations are darker than usual, have a morbid degree of foetor, and lead us to the conclusion that the bile has acquired an irritating and acrimonious quality. I infer, under such circumstances, that

the liver, receiving an excessive supply of blood from that important vessel called the vena portæ, is stimulated into increased action; and not only is a larger quantity of bile formed, but also it is more exciting in its quality. That the process of assimilation, or the conversion of chyle into blood, is disturbed from the healthy course, is most commonly proved by the condition of the urine, which has a higher specific gravity than usual, is strongly animalised, and deposits dense sediments. Such sediments consist of the usual salts in excess, together with animal matter, which the kidneys, in the office of salutary aid to the constitution, secrete from the blood. From these appearances, we derive a conclusion that the process of assimilation is not perfectly performed, and that the blood itself is not in a natural and healthy condition.'—Pp. 6—11.

Upon this long extract we shall offer no observation, farther than to approve, upon the whole, of the view which it presents. From this the author passes on to sketch the history of the treatment which has been recommended for the disease. Here we find little to detain us, excepting the following:—

' In Bernard's edition of a very old Greek MS.\* upon the gout, Leyden, 1743, written by Demetrius Pepagomenus, at the desire of the Emperor Michael Palæologus, who reigned anno 1282, and which appears to have been first rendered into Latin by Marcus Musurus, at Rome, in 1517, I find a prescription, according to the following translation:—

“ Composition of the simple purgative pills. Aloes, one part; hermodactyl, a half part; liquorice or cinnamon, in order that the hermodactyl† may be rendered agreeable to the stomach, a half part; of the purest scammony, a sixth. Let these ingredients be formed into pills, and administered according to the strength of the patient, the quantity and particular kind of humour, and the season of the year.”

' In several other prescriptions in this little treatise, the hermodactyl was the principal ingredient.'—Pp. 16, 17.

It may be remarked, that the ancients generally insisted upon the use of purgatives in gout, and modern experience fully confirms the propriety of the practice, particularly in the earlier attacks of the disease. But it is requisite that even these remedies should be used with discrimination. The excellence of mercurial purgatives, when judiciously administered and combined with other means, ought not to be overlooked: thus a decided dose of calomel with James's powder will be found to be the best purgative when the motions are dark and

\* ' For a notice of this MS. and some interesting observations respecting colchicum, see Kerr's Medical Sketches.'

† The colchicum autumnale.

offensive, and the biliary secretions, as they very frequently are in this disease, deranged.

On the subject of the colchicum the author observes, that—

‘ Of the preparations of the colchicum autumnale, the tincture is the most active; proof spirit being the strongest solvent of the principles of the root; and we find, as a medicine, that it stimulates the most, and often irritates the stomach and bowels in a remarkable degree.

‘ The wine from the roots is the preparation next in strength, and I should consider it as most deserving of preference in any case of disease in which we are desirous of obtaining the greatest share of specific agency which the colchicum possesses. It requires to be administered with care, for it is liable to affect the stomach with sickness, and the mucous membrane of the bowels with great irritation.

‘ The wine of the seeds of colchicum is a less active medicine than the preparation from the roots. In full doses, it will produce irritation in the stomach and bowels; but, upon the most careful comparison which I can make, I consider it a less acrid preparation than the wine of the roots. I must repeat, however, that, if the decided agency of colchicum be wanted, the wine of the roots appears to merit most confidence.’—Pp. 33, 34.

After detailing a number of experiments on dogs with the different preparations of the colchicum, and after alluding to others, the author makes the following inferences:—

‘ After the further investigation, therefore, which I have bestowed on this subject, I am led to the essential conclusion, that the eau médicinale, Wilson’s tincture, and Reynold’s specific, are all preparations of colchicum.’—P. 45.

‘ I thus offer to the reader the fullest possible proof which can be given, that this last (the acetic preparation of colchicum mixed with magnesia) is a remarkably mild medicine; and whether or not it be useful and efficacious, must be determined by its effects on the human subject. It will at once be conceded, both by the medical and *general* reader, that if it do possess efficacious properties, it must be the most eligible medicine, from its being so mild in its mode of action.’—P. 48.

Dr. Scudamore next argues against the propriety, because of the danger, of arresting the symptoms of gout by the stronger preparations of colchicum and by the common gout specifics, ‘ without producing any useful and adequate influence on the causes of the disease.’ We do not agree with him, however, in his admission respecting the practice inculcated in the following quotation:—

‘ It is contended by some persons, that every useful object is effected by first having recourse to suitable doses of any of the strong medicines, or strong preparations of colchicum, so as to

subdue the urgent symptoms without delay; and then by adopting the use of regular aperient medicines for the removal of the remaining symptoms. The proposition of this mode of treatment seems plausible, and is much more reasonable than trusting solely to the agency of these preparations, in dismissing the immediate symptoms.'—Pp. 54, 55.

We have seen, in more instances than one, nearly fatal consequences almost immediately result from the practice to which the author here alludes. We consider that the adoption, in a fit of gout, even of a single dose of any of the strong medicines but too often resorted to, or even of a single dose of the colchicum, before the deranged biliary and other secretions are fully carried off, may be attended with very serious effects. We have seen, in the case of a Medical Practitioner, a single moderate dose of colchicum, given in a saline purgative draught at the commencement of the attack, whilst the diseased biliary and other secretions were not removed, occasion the immediate disappearance of the disease from the extremities, and an almost fatal termination, owing to its seizure on the stomach.

The author justly observes, that the stomach is more or less weakened by the action of strong gout remedies; that the several functions become impeded; and that the usual consequence of arresting the symptoms so suddenly is, that they return the sooner, and become more difficult of treatment, as the cause of the disease has not been combated. 'The most difficult and troublesome cases,' he states, 'which have come under my care, have been those in which the paroxysm has been interrupted by the influence of one or other of the strong preparations.' With respect to the propriety of employing the colchicum, the author is nowhere very precise upon the subject. From what we can gather from the general tenour of his remarks, he does not seem to approve of its use, unless when the paroxysm of gout proceeds from causes of irritation affecting the nervous system, when its influence will be more favourable in removing the symptoms, and less injurious to the constitution than in cases of repletion and wrong function of the abdominal viscera. But even in the former kind of the disorder he continues the use of it only during the paroxysm, and prefers the acetic preparation, in conjunction with magnesia and a neutral salt, as the sulphate of magnesia. Of the comparative virtues of the preparations of the seeds, or of the flowers, he gives us no information.

With respect to the observations on the treatment of gout which Dr. Scudamore has offered in the present production, we may say, generally, that they are judicious; and to those



of our readers who possess not his large work, we can recommend them to their perusal: indeed his observations on this occasion seem to consist entirely of an abstract of what is contained in that work: from this circumstance the present volume ought to be rather termed a treatise on gout than on the use of colchicum; and from this circumstance also it may be found quite as useful as the former work, and may therefore be considered as superseding it. To those who value their money, or who may not choose to be at the expense of the large volume, the small one may be found the better bargain.

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## PART III.

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### ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND  
SURGICAL SCIENCE AND LITERATURE.

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#### I.

*De l'Influence de l'Estomac sur la Production de l'Apoplexie; d'après les Principes de la Nouvelle Doctrine Physiologique; Mémoire couronné par la Société Royale de Médecine de Bordeaux.* Par J. R. RICHOND, D.M. 8vo, Pp. 210. Paris, 1824.

*Of the Influence of the Stomach on the Production of Apoplexy; after the Principles of the New Physiological Doctrine, &c.* By M. RICHOND, &c.

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THIS work is from a pupil of the school of Broussais, and is an attempt at pushing '*la nouvelle doctrine physiologique*' as far as one could well imagine it possible for a young, an inexperienced, and an imaginative, but a well-educated, young Physician to do. Having discussed the various topics tending to establish his doctrine, and believing that he has actually established it beyond the risk of overthrow, M. Richond concludes with certain corollaries, in the manner of the mathematicians, nothing doubting of their being implicitly adopted, although the reasoning by which he has been led to them has nothing mathematical in its character. But what has medical reasoning to do with mathematics? and of what use can a mathematical discipline of the mind be

to the medical reasoner, seeing that it is not the fashion to oure mathematically?

We shall give a verbatim translation of the author's corollaries, and, in doing so, we give pretty nearly all the matter of the book. We shall also indulge in a few remarks, as we may find that the sweeping generalisations of the author require them.

'*Cor. 1.* — The stomach exerts the greatest influence on the brain: the direct connexion existing between both these organs is indispensable to the due performance of the functions of the latter.'

The individual relations of this proposition must be obvious to every one; for he has only to observe the relative states of his own brain when his stomach is empty or full, in order to illustrate it. But, whilst we thus adopt our author's conclusion, we beg leave to remind him and our readers, that the state of the brain affects the stomach in its turn, and that there are more organs in the body, which influence the brain, than the stomach. He has overlooked the liver and heart particularly. Both physicians and moralists well know that affections of the head and heart mutually act on each other.

'*Cor. 2.* — The stomach expresses its wants by means of the sensations of hunger and thirst: the former indicates a want of excitation, the latter is the result of this state.'

How can a disciple of 'the new physiological doctrine' be so unphysiological as to limit the seat of thirst to the stomach? A wild Arab would explain the phenomenon more accurately.

'*Cor. 3.* — Besides the functions of nutrition, to which it is most subservient, the stomach tends to preserve the brain in a favourable tone of action: it is, as it were, the balancer of the vital actions.'

True, but not to the extent contended for by the author. Literary and scientific men, statesmen, &c. frequently have very weak stomachs, but strong heads. Dyspeptics are not necessarily idiots, nor idiots dyspeptics. We suspect that the state of the stomach depends quite as much upon the 'vital actions,' as the 'vital actions' depend upon the stomach.

'*Cor. 4.* — The want of excitation experienced by the mucous surface of the digestive organ is the most imperious — it is one of those wants, the satisfaction of which is the most necessary to the regular performance of all the functions.'

True again: if we did not eat, we could not long continue to think, or to do aught besides.

'*Cor. 5.* — According as this gastric excitation is more or less

lively, the cerebral action is more or less exalted. In order to be convinced of this, it is only necessary to observe the effects of spirituous liquors on both these functions.

‘ *Cor. 6.* — Drunkenness is the result of cerebral excitation, determined by the sympathetic action of the stimulated mucous surface of the stomach.’

If these be the inevitable and uniform effects of the mere excitation of the mucous surface of the stomach — viewing this state of the stomach — as our author appears to do — simply as one of excitation, without any reference to the *kind* of excitation, then might the cerebral action be exalted, through the medium of the stomach, by means of an emetic as well as by whiskey — by arsenic as well as by gin — by black pepper as by brandy — and by capsicums and ammonia as well as by champagne.

‘ *Cor. 7.* — The sensations which relate to the palate or taste are generally subordinate to the state of the digestive mucous surface; and very often the moral sentiments are modified by the sensations the brain receives from this quarter (the stomach).’

Sometimes, but not often.

‘ *Cor. 8.* — The influence of the stomach on the brain may be observed in a state of sleep as well as that of waking.’

If our author be occasionally heavy, or absolutely flat, he is nevertheless always profound. Who, we would ask him, is to observe the influence of the stomach on the brain in a state of sleep? If the observation is to be made by the patient himself, he must dream very sensibly — if by another, he must dream aloud. The author has evidently had the night-mare, and alludes to that. If this be not the case, then we cannot understand him; and if it be, the influence of other organs besides the one to which he refers the phenomenon ought not to have been overlooked.

‘ *Cor. 9.* — In a state of disease the stomach extends its sufferings to the brain, and there result from this extension cerebral phenomena more or less evident to the observer.’

Sometimes. What sweeping generalisers we Physicians are! The converse of the author’s proposition is more frequently observed.

‘ *Cor. 10.* — These phenomena are not always a purely sympathetic effect; and more frequently, than is supposed, the brain and its membranes are actually diseased.’

‘ *Non causa pro causa;*’ — a medical instance of cause and effect — a legitimate ‘*post hoc ergo propter hoc*’ piece of reasoning. We suspect that the cause discovered by the author is quite as often the effect as otherwise; and that both

derangements, when they co-exist, proceed from causes which he does not suspect.

‘ *Cor. 11.* — When the gastric irritation is chronic and of long standing, alterations almost always exist in the brain or its envelopes, which may give rise, owing to their sudden aggravation, to mania, epilepsy, and to apoplexy.’

How convenient is the conditional! For ‘gastric’ read cerebral, and for ‘brain’ read stomach, and the inference will be just as correct. An occasional coincidence, or the advanced effects of two or more co-existent causes, are fruitful sources of disquisition for hypothesis-makers.

‘ *Cor. 12.* — Such rapid aggravation, as gives rise to apoplexy, is most frequently the result of an excitation of the stomach propagated to the brain. It is owing to this that apoplexy occurs so often during a meal, after an indigestion, owing to excess in spirituous potations, and from the action of an emetic,’ &c.

‘ *Sublatâ causâ tollitur effectus*’ is an axiom in logic which must be familiar to the author. But if the cause assigned by him were removed, the effect, nevertheless, would be very frequently observed; nay, it actually occurs quite as often after an opposite state of omnipotent stomach to that assigned by him. Why does he overlook the most frequent and direct causes, and adduce only an occasional and concurrent one?

‘ *Cor. 13.* — The extravasation of blood on the brain, occurring in apoplexy, is only an eventual result; it does not form the essence of the malady.

‘ *Cor. 14.* — This extravasation, when it exists, takes place at a point where irritation predominates; because the vessels in this situation, having been incessantly engorged by the blood determined to it, are consequently dilated, softened, and disposed to rupture.

‘ *Cor. 15.* — If there exist a partial softening of the brain, the blood is more readily extravasated in the softened part, and is more likely to form cysts there — the softening being the cause, instead of being, as has been commonly supposed, the effect of the hæmorrhage alone.’

The author, after a long ærial flight, is at last approaching terra firma. We know that when blood is effused on the brain, that previous disease of this organ, similar in many respects to that which he states, has generally existed in it. But we are not indebted to him for the knowledge of this fact.

‘ *Cor. 16.* — Frequently, in chronic gastritis, evident lesions of the heart are observed, which cannot be considered as being independent, but the result, of the sympathetic transmission of irritation from the stomach.’

A very rare coincidence; and when both these derangements are co-existent, they are generally effects of causes evidently impenetrable to the author.

‘ *Cor. 17.*—The treatment of apoplexy ought to be altogether antiphlogistic, for the disease is an irritation.’

Every general rule has exceptions; and there are few rules in medicine without a very great many. The author has had little experience, or has observed to little purpose, otherwise he would have found a few to this.

‘ *Cor. 18.*—Emetics, cathartics, and blisters are, in a greater number of cases, noxious. When they are ever of service, it is by occasioning revulsion; but it is rare to obtain this effect; and more frequently the irritation necessary to produce revulsion goes to increase the disease which it was intended to remove.’

The confidence of insufficient experience in medicine is here observable. An exception ought here to have been made in favour of cathartics and *lavemens*. Although we would not permit the stomach of the apoplectic to be excited, yet would we rouse the functions of the intestines, liver, and kidneys by the most active means. Doctors differ, yet have we reasons for our dissent from our author which common sense may comprehend.

‘ *Cor. 19.*—To attempt to procure this revulsion would be to risk the life of the patient, without much prospect of success. Indeed it is easy to conceive that a profound alteration of the brain or of its membranes cannot be cured in a hasty manner, and that the removal of such an irritation as has given rise to it cannot be very easy, especially if the means used to procure these ends act on a surface so intimately related with the brain as the mucous surface of the stomach is.’

Just in some respects—not so in others. The circumstances of the case, viewed by a Physician possessing a comprehensive knowledge of the operations of the animal economy in health and in disease, will shew him when revulsants ought, or ought not to be employed.

‘ *Cor. 20.*—All substances considered proper to increase strength, give tone, remove stupor and debility, &c., ought to be proscribed whilst there exists irritation in the encephalon, or in the stomach.

‘ *Cor. 21.*—To recur to excitants, such as electricity, *nux vomica*, &c., in order to remove consecutive paralysis, is to entertain a mistaken idea of the nature of the disease. These means cannot repair the lesions existing in the brain, but are, on the contrary, calculated to increase them.’

Here we agree implicitly with our author; but there are scarcely any rational grounds of dissent.

‘ *Cor. 22.*—During convalescence, the stomach merits a parti-

cular attention. The physician ought never to forget that too great an excitation occasioned in the mucous surface of this organ is calculated to bring on a fatal relapse of the disease. The most severe diet and regimen, soothing and emollient drinks, a careful avoidance of whatever may excite the stomach and brain, ought to be observed.'

We approve the precept, and always adopt it; but we disapprove of the reasoning by which the author supports it.

' *Cor. 23.*—The employment of the means best calculated to calm the cerebral and gastric irritation, generally existing in individuals presenting the tendency to, or the actual forerunners of apoplexy, is the only anti-apoplectic measure on which we ought to depend.'

Place the word 'mental' before 'cerebral and gastric,' and *Cor. 23* is as excellent a response as ever proceeded from the temple of Apollo. With gratitude, therefore, to the giver, and with a sincere wish of turning his gift to the benefit of our readers and ourselves, we leave him, with an injunction to observe the operations of nature more intimately and more extensively than he has done on this occasion, before he endeavours to explain and apply them—an injunction equally applicable to some medical writers of our own country.

II.

*Report of Diseases observed at the Hôtel-Dieu, in the Clinical Wards of Professor RÉCAMIER, during the first Quarter of 1825.\** By M. L. MARTINET, M.D., &c.—(*Revue Médicale, Avril 1825.*)

FEVERS.—' IN the two cases of nervous fever, we found a proof of the difficulty of explaining the relation between the symptoms ob-

|  | No. | Deaths. |                              | No. | Deaths. |
|--|-----|---------|------------------------------|-----|---------|
| * Intermittent fevers.....                               | 1   | 0       | Severe fevers .....          | 18  | 5       |
| Nervous fevers .....                                     | 2   | 2       | Saburral fevers .....        | 5   | 0       |
| Cerebral congestions.....                                | 3   | 0       | Chronic gastritis .....      | 2   | 0       |
| Arachnitis .....   | 2   | 2       | Enteritis .....              | 2   | 0       |
| Other cerebral affections ..                             | 3   | 0       | Disease of the rectum ....   | 1   | 0       |
| Amaurosis .....  | 1   | 0       | Saturnine colic .....        | 6   | 1       |
| Epilepsy .....   | 4   | 0       | Tænia.....                   | 1   | 0       |
| Pulmonary catarrh .....                                  | 18  | 0       | Hepatitis .....              | 1   | 0       |
| Bronchitis .....   | 7   | 3       | Amenorrhœa .....             | 1   | 0       |
| Pleuro-pneumony .....                                    | 20  | 5       | Scirrhus of the uterus ..... | 1   | 0       |
| Pleurisy .....   | 10  | 0       | Abdominal hæmorrhage ..      | 1   | 1       |
| Phthisis .....   | 9   | 6       | Peritonitis .....            | 4   | 2       |
| Pericarditis .....                                       | 2   | 2       | Erysipelas .....             | 3   | 0       |
| Hypertrophy of heart, with<br>ventricular dilatation.... | 5   | 3       | Anomalous eruption .....     | 1   | 0       |
| Angina pectoris.....                                     | 1   | 0       | Rheumatism .....             | 7   | 0       |
| Catarrhal affections without<br>fever .....              | 3   | 0       | Struma, &c. ....             | 8   | 0       |
| Catarrhal fevers.....                                    | 35  | 0       |                              |     |         |
|  |     |         |                              | 187 | 32      |



served during the life of the patient and the lesions found upon dissection, and of accounting for the fatal termination from the extent or magnitude of the latter. One of these cases occurred in a young man, 18 years of age. His disease was of fifteen days' duration when we first saw him: he had had symptoms of pulmonary catarrh, to which were joined, in the course of a few days, suborbital cephalalgia, inclination to vomit, yellowness of the tongue, bitter taste in the mouth, and flying pains in the abdomen, which led to the use of an emetic, with a grain of tartarised antimony. The following days the abdominal pains had ceased, as well as the headach; but slight fever still remained. The epigastrium having become painful on pressure, twenty leeches were applied. The treatment up to that time consisted of gum-water, and emollient fomentations on the abdomen. On the 20th of February, the patient, who had commenced sitting up, was seized with a nervous attack, which was of short duration, and left after it no appreciable derangement. He assured us that he had never had a similar attack. Nevertheless this young man remained pale all the day, and remarkably low. On the 21st he complained of considerable dyspnœa, and extreme uneasiness, which was sufficiently expressed in his countenance. The looseness of his bowels was also increased; and the base of the chest was the seat of an acute pain. The pulse was small and contracted. In order to prevent the accession of the nervous symptoms, and to combat those which already existed, twelve grains of musk were prescribed; but the patient having risen immediately after the visit, and before he had taken any of this medicine, in order to go to the night-stool, expired before he left it.

There was observed, on the dissection of this patient, no alteration of structure to account for the suddenly fatal termination of the disease: the brain and its membranes were perfectly sound. The posterior part of the right lung presented the commencement of hepatisation, but to a very small extent. The heart was devoid of blood, pale, but of natural structure. The mucous coat of the stomach was discoloured; a few corrugations of the interior of the small intestines were injected; and those of the colon were blackened. There existed no other lesion.

M. Martinet is much at a loss to account for the fatal termination of this case. We are inclined to consider that the fatal result was, in a great measure, the consequence of vascular debility and defect of nervous energy from the length of the disease, lowness of the regimen, and the diarrhœa which had supervened; and that, owing to these states, the patient had experienced a fit of syncope, as might have been expected, and ought to have been provided against when he assumed the erect posture at the night-stool, and that the syncope terminated as it did from want of attention to the measures proper on such occasions. It should be kept in recollection, that syncope is very apt to occur in individuals who are much reduced by nervous fevers, when they are suddenly brought into the erect posture; and that, if immediate attention be not paid to placing them in a recumbent position, and in administering stimulants, &c. a fatal termination may ensue. We have known of such

occurrences; and have heard of them on occasions somewhat analogous, when they were even less to be expected.

The other case of nervous fever contained in this report is interesting in some respects. It is very circumstantially detailed; and as it may convey to our readers an idea of the practice of our Gallic brethren, we shall give it almost unabridged.

‘ G. M., aged 19, a turner, of a good constitution, had been ill some days, when he entered the Hôtel-Dieu. Leeches had been applied behind his ears, and on the epigastrium, for the purpose of removing the headach and diarrhoea of which he complained.

‘ On the 6th of February his symptoms were—his face somewhat flushed, but little altered; his answers slow, but correct; the conjunctiva not all injected; the pupils equally dilated, and not very sensible; the action of the limbs is unembarrassed, and the sensibility of the surface unimpaired; tongue white and moist; the abdomen is not painful on pressure; the heat of the skin and the frequency of the pulse are very moderate.—(*Eighteen leeches behind the ears.*)

‘ 7th.—The foregoing symptoms remain: general sensibility is diminished: delirium at night; meteorismus of the abdomen.—(*A general blood-letting; thirty leeches behind the ears; tepid bath, with affusions; fomentations on the abdomen; toast and water for drink.*)—The blood was rich, and buffed.

‘ 8th.—No amelioration; the face is a little changed; considerable stupor. The patient replies very slowly to questions put to him. The fever is a little higher than yesterday. Diarrhoea continues.—(*Bath; blisters on the thighs; an astringent julap with ether.*)

‘ 9th.—Ideas incoherent: pupils dilated, and but little sensible to the impression of light: general sensibility much diminished: tongue becoming dry: fever moderate.—(*Twenty-five leeches behind the ears: the previous treatment continued.*)—Much agitation and delirium through the night.

‘ 10th.—The same state as yesterday; but the tongue is drier, and more coated; diarrhoea increased.—(*The althæa officinalis; bath; fomentations on the abdomen.*)

‘ 11th and 12th.—Stupor sensibly diminished, and the patient answers questions more readily: the fever continues, but is, as heretofore, moderate; the countenance is better; the tongue, however, is still dry; and the looseness continues.—(*The same treatment.*)

‘ 13th.—To the foregoing symptoms are now added trembling of the fingers, particularly of the left hand, with commencing rigidity of the arms, especially the right; diminished sensibility of both sides: the pulse is frequent, and small: agitation during the night.—(*The same treatment.*)

‘ 14th.—The symptoms remain; and the countenance changes more and more. The patient died on the morning of the 15th.

‘ *Inspection of the body twenty-six hours after dissolution.*—The pia mater and the arachnoid were transparent, and without the least

thickening: a very slight injection of the pia mater covering the superior part of the left hemisphere. The brain, cerebellum, and cerebral protuberance were natural. There was no serum in the ventricles; nor at the base or surface of the brain. The dura mater perfectly sound.

'The lungs, pleura, heart, and pericardium, were perfectly healthy.

'The mucous surface of the stomach, duodenum, jejunum, ileum, and cæcum, was quite pale, no where softened, and in the best condition possible. The corrugations of the stomach and duodenum were prominent, and covered with tenacious bile. The descending colon presented, in the space of about three inches, a slight injection. The liver, spleen, kidneys, and bladder were quite sound.'

M. Martinet informs us that the dissection in this case was performed with the most scrupulous care. He, however, makes no mention whether the ganglions of the great sympathetic were examined or not. We have long conceived that irritation, or a disordered state closely allied to irritation, of these ganglia, was intimately connected with the chief phenomena of fever, if it were not actually productive of, or even the proximate cause of fever. Indeed this view of the pathology of fever has been already stated in a former Number of this Journal (see *REPOSITORY* for May 1822); and the dissections of several cases of fever,\* in which we have had an opportunity of examining these ganglia, have confirmed this view.

The remainder of this long report is not very interesting. With the exception of the following paragraph, we cannot find any thing deserving transcription:—

'A young man experienced, for a considerable time, pain in the umbilical region, where a tumour of considerable size might be detected through the abdominal parietes. He had been subject at different times, and without any evident cause, to lipothymia. After a stay of some time in the Hôtel-Dieu, he died in a state of syncope.

'Upon opening the body, we found a tumour, of above two pounds weight, formed of coagulated blood effused between the two layers of the mesentery. The coagulum was extremely friable, and minutely divided by the cellular tissue, which was included in it, and in which the effusion had taken place. We could not discover the source of this hæmorrhage, which most probably had proceeded from one of the meseraic vessels.

'Of four cases of peritonitis, two were successfully treated by antiphlogistic remedies: the two others were admitted into the hospital in the extreme stage of emaciation and hectic fever. Dis-

\* In two cases of yellow fever which we examined in the year 1817, the semilunar ganglion, and indeed all the subordinate abdominal ganglia, were minutely injected. Our views respecting the proximate cause of fever led us then to examine these parts of the nervous system; and we have subsequently, in a number of cases, and in a great variety of diseases, made these structures an object of examination.

section shewed, in one of these latter, the existence of chronic peritonitis; and, in the other, most extensive disease of the peritoneum, mesentery, and of the mesenteric glands, which, altogether, formed one immense mass of disease. The intestines were adherent to one another, and to the adjoining viscera, by the medium of red, tough, false membranes. An ulcerated perforation was also found in the cœcum. The mucous coat of the intestines was sound.'

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## PART IV.

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### MONTHLY COLLECTION

OF

### MEDICAL FACTS AND OBSERVATIONS.

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#### PATHOLOGY.

*Of Mental Alienation; with Fifty Cases in which the Brain was examined after Death.* By M. NEUMANN, Counsellor Royal of Medicine to the King of Prussia, and Physician to the Hospital of Charity, Berlin.

(Concluded from page 249.)

CASE XXXIX.—The Sacristan of the hospital, having been turned off because of libertinism and drunkenness, took to the drinking of brandy in such profusion, that he fell into a most violent state of mania. He was afterwards affected with erysipelas, and became tranquil during the eruption. The abscesses, in which the eruption terminated, had so beneficial an effect on his mental derangement, that he was allowed to leave the institution. But a few months afterwards he was brought back in a state of complete idiotism: he could use his limbs, but had lost the faculty of speech. On the fifth day from his second admission, all his members became paralytic. He died six days afterwards.

All the cranium was extremely thick: the dura mater scarcely adhered to the cranium, and was loose and soft: the encephalic mass by no means filled the cranial cavity. The cerebral vessels were empty: a gelatiniform exudation existed between the arachnoid and the pia mater. On the right of the falx cerebri an extravasation of blood, of more than half an ounce, was observed. The medullary substance of the brain was very soft. The thoracic and abdominal cavities presented no derangement.

CASE XL.—A gardener, aged forty-four, after a fall on the head, had fever, accompanied with continued delirium. The delirium was extremely violent, although the fever was slight; but, by

degrees, the delirium subsided, and the fever became more and more intense, until the period of his dissolution, twenty-four days after his admission.

The encephalon was quite natural: there were no serous effusions; nor were the meninges or the cerebral substance charged with blood. The arachnoid only appeared in any degree deranged; and it was merely slightly opaque and thickened in a few situations.

CASE XLI. — Caroline F., aged twenty-four, had been an idiot from infancy. When she was irritated, she poured forth her unmeaning words with the utmost impetuosity, although her speech was naturally stammering. The expression of her passion had no relation with that which occasioned the irritation. She died of apoplexy, which seized her soon after a fit of passion.

The cranium was singularly formed, and was almost without any convexity behind, and also compressed before, and without any external auditory conduit: its posterior aspect was flattened, and descended abruptly to the neck. The space left for the encephalon was consequently much smaller, particularly that destined for the posterior lobes of the brain and the cerebellum; and what diminished the space still more was the extraordinary thickness of the bones of the cranium. The dura mater was sound: the vessels of the pia mater moderately filled with blood, as were also those of the head; but the arachnoid was entirely opaque and thickened. The medullary substance was of a tough consistence. The posterior lobes of the brain were small: all the convolutions were broad, and the anfractuositities superficial; but no effusion on their surface. The lateral ventricles were much distended with water; but the fourth ventricle, whose capacity was unusual, was empty. The cerebellum was very flabby and depressed. The heart was very large and flabby: no other alteration.

CASE XLII. — A belt-maker, aged thirty-two, died of sphacelus on the sacrum, after a long and violent mania. A weakness of sight insensibly degenerated to complete amaurosis, accompanied with darting pains, which tormented him night and day, and increased his frenzy.

The cranium and encephalon were regular. There was but a small quantity of serum under the arachnoid and in the lateral ventricles, whilst the optic nerves presented remarkable lesions of structure. The optic thalami were quite regular, but the nervous mass which covered them was spread out above in the form of a membrane half an inch broad, and thus constituted, by its junction with that of the opposite side, a large union, but extremely thin, of the optic nerves, which, when detaching themselves in the form of minute fibriles, presented not any trace of a cineritious substance, either before or behind this union. A flat mass of grey substance was found in the cerebellum, between the third and fourth layers of the substance forming the arbor vitæ, and was in some degree inserted between these layers: the cerebellum, on its part, contained, in its interior, a denticulated streak of medullary matter.

CASE XLIII. — F. S., a valet, aged thirty-two, was admitted into the hospital in a state of violent mania. He died in four days.

There were more than six ounces of bloody serum between the arachnoid and pia mater; and the lateral ventricles contained more than four ounces of fluid of the same nature. There was no other alteration.

CASE XLIV. — A. N. died in the hospital at the age of thirty-six. He had made a fortune in the army, without the necessary knowledge to use or to preserve it. He dissipated his property, and afterwards lost his reason. He at first considered himself a great monarch, but soon became completely idiotic. He died of apoplexy.

The cranium externally appeared of an oblique form; its left half being longer and more depressed than the right. The inequality of thickness of the bones of the cranium rendered this obliquity still more marked internally. The median line of the cranium formed an arc, the two extremities of which were turned to the right. The bones of the left half of the head were throughout much thinner than natural; those of the right, which were very much thickened at the coronal and the occipital, were thin towards the sagittal suture, so that the right half of the brain was compressed before and behind, whilst its middle portion, thrown upon the left side, elevated itself upon the left half, which was depressed and bent into an arch around the right. The lateral ventricles participated in this organic deviation: that of the left side formed a cavity but little curved, extending itself in a straight direction the whole length of the hemisphere: that of the right side, on the contrary, was broad, and its posterior horn, in place of descending, ascended in an outward direction. The base of the cranium offered the same obliquity. The left half was flat and straight: that of the other side was shorter, broader, and more concave. There were besides a gelatiniform exudation beneath the arachnoid, and some serum in the fourth ventricle.

CASE XLV. — An aged female, who had long been affected with amaurosis and idiotism, died in consequence of a contusion on the forehead, which she had received from a fall a month previously.

The cavity of the cranium appeared natural; its bones were not thickened as they usually are in old idiots. The dura mater was thin, and presented a number of the glands of Pacchioni. The vessels of the pia mater engorged with blood. There were traces under the arachnoid of the gelatiniform substance, so frequently observed. Horizontal slices of the brain shewed that the cineritious substance was thicker and broader, and consequently the medullary substance much narrower, than ordinary. The anterior lobes of the two hemispheres were softened. The sella turcica was intimately united to a large hard tumour, four ounces in weight, and two inches and a half in diameter. The body of the sphenoid bone was softened, and transformed into a cartilaginous substance, and continued into the tumour. This tumour, which curved from behind forwards, above the cribriform plate of the ethmoid, had altered



and pushed aside the cerebral parts in its way. There was no vestige of the pituitary and pineal glands. The optic thalami and the anterior pair of the tubercula quadrigemina were very stunted; the corpora striata, on the contrary, were lengthened. There was no trace of the third ventricle: the two lateral ventricles were compressed; and the cerebral parts in contact with the tumour were transformed into an oleaginous matter, presenting not a trace of organisation. The tumour was not contained in any appropriate membrane; its structure was cartilaginous, and resembled the general character of osteosteatoma. The optic nerves were situated above the tumour, and directly applied to it. They were lost in the disorganised mass of brain, so that their union could not be detected.

CASE XLVI.—A girl, aged twenty-one, epileptic from infancy, fell, after each paroxysm, into a state of mania, which continued from six to eight hours. In the interval from this mania until the next paroxysm, she slept a few hours, and thereafter was completely idiotic. She died in a paroxysm.

The dissection presented a disposition which I had never before observed.

The left hemisphere, notwithstanding the regular form of the cranium, was turgescient, much more voluminous than that of the right, and it protruded itself beyond the membranes, at the moment that they were divided, so that it was impossible to make it recede within the cavity of the cranium. There was, besides, a considerable effusion of blood, occupying the whole of the left half of the cranium: the blood bathed the superior part of the brain, and a few ounces were found at its base. The whole encephalic mass was very solid, the cortical substance much thicker and broader, and, consequently, the medullary part smaller than usually found: this latter disposition existed in both hemispheres.

CASE XLVII.—An idiot, aged thirty-two, having the appearance of an aged man, died in a state of marasmus. He had never learnt to speak, seemed entirely without desires, remained in bed as long as he was allowed, ate with avidity whatever was given to him, but asked not for any thing; frequently he even felt the wish of making the natural evacuations, and was subject to constipation.

The form of the head was singular; it was broad and flattened from above downwards. The cranium was not thicker than usual: the region of the large fontanelle was very thin. The left half of the brain was elevated three lines above that of the right. The cause of this irregularity depended on the inequality of the base of the cranium, of which the right half was actually broader and deeper than the left, so that the cerebral masses seemed unequal whilst they were really equal. The encephalon was soft, and imperfectly furnished with blood. The colon presented precisely the same disposition as that described by Esquirol, viz. it descended low into the pelvis; probably owing to the frequent obstructions to which the patient had been subject.

CASE XLVIII.—A man, aged forty, died of apoplexy, after

having been, for eighteen months, at first maniacal, and afterwards idiotic. During the period of calm succeeding the mania, he fell into a profound sleep, from which he awoke idiotic.

The cranium was regular; the meninges filled with blood; a considerable quantity of serum under the arachnoid; the cerebral substance generally harder than natural; all the ventricles excessively distended by an anomalous, muddy, and milky fluid. The middle lobe of the left hemisphere of the brain contained an hydatid nine lines in diameter.

CASE XLIX.—A butcher, aged forty, had been, for eighteen months, the most violent maniac in the institution. He was furious, called aloud, swore, and struck at every thing; and an instant after, he was quiet, and made long discourses in rhyme, in which ideas the most opposite and unconnected were brought together. He was also affected with amblyopia; and the pupil of the right eye was always dilated, whilst the other was contracted. He became by degrees more tranquil, approached at last a state of fatuity, and died of dropsy, which had also supervened.

The cranium was apparently regular; its parietes were not thickened, but its base was so oblique as to derange the disposition of all the encephalic organs. The right half of the encephalon was the most voluminous; the corpus callosum was convex towards the left side, and concave towards the right. The base of the cranium being exposed, the sella turcica was observed to be thrown upon the left side in such a manner, that a line drawn from the centre of the frontal bone to the internal protuberance of the occipital did not come in the direction of the sella. The cerebral falx was partly ossified. The ossified part was two inches long, and more than half an inch broad, and touched the great commissure, which was so much elevated that the extreme surface of the hemispheres did not rise above an inch higher. The vessels of the pia mater were injected; and there was a slight extravasation of blood on the occipital, at the extremity of the posterior lobe of the right side. The arachnoid was thickened throughout, opaque, and adherent to the pia mater, in different parts. All the ventricles were filled with serum; the convolutions of the hemispheres large and broad, their anfractuositities superficial; the medullary substance much firmer than natural; and the cortical narrow and pale. The union of the optic nerves was smaller and flatter than usual.

CASE L.—A labourer, aged thirty, died suddenly of apoplexy; he had had several attacks of this disease. He had been received into the hospital in a state of violent and complete mania; he soon became calm, and had erysipelas with acute fever. He then became more agitated, and a violent inflammation attacked the external ear. During this inflammation, which terminated in abscess, the patient became at once sensible, and left the hospital after the cure of the abscess, which took place without a return of his mental disease. But some months afterwards, he was brought back in a state of paralysis, with loss of memory; and after six other months, he died of apoplexy.

There was nothing irregular in the structure of the cranium : the encephalon was every where injected with blood : some serum in the lateral ventricles. The cortical substance had a very dark tint, approaching to brown. The greatest alteration was found in the odontoid apophysis of the axis : this was a good third longer than natural, and consequently advanced considerably into the spinal cavity.

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*Hereditary Disposition to Hæmorrhage.*

IN Hufeland's Journal for February 1824 an account is given by Dr. Elsaesser, of Stutgard, of a family, many members of which died from excessive hæmorrhage consequent to the slightest injuries. This disposition seemed directly traceable to the female side. The mother of the children who were more particularly the subjects of Dr. Elsaesser's observations, Lucea Weizenaker, was subject to the frequent formation of petechiæ in her youth, till her sixteenth year, and likewise to frequent epistaxis. A cousin of Lucea's, the son of her mother's sister, fell from his horse in his twenty-fifth year, and died soon after from a bleeding of the nose, which could not by any means be restrained. Lucea has had three children, two of whom have died from hæmorrhage.

The eldest, John, appeared perfectly healthy at its birth; but about eight days after was attacked by drowsiness and rattling in the throat, and, on the fourteenth day, by a spontaneous hæmorrhage from the navel (which some days before was apparently healed), that continued for forty-eight hours without intermission, when the child died. The second brother, John Michael, was likewise healthy at its birth, and continued so till the tenth week from that time, when teething commenced; and with this process a series of such unusual phenomena, that Dr. E. thought proper to make the patient the object of unremitting attention. There appeared first, about the tenth week, but without any external cause, a number of dark-coloured spots over the whole body, varying in size from a sixpence to a crown. The colour of these spots was at first purple, often a light blue, but afterwards changed into a reddish green, and when disappearing into a dirty yellow. These ecchymoses were only observable in the softest parts of the body, as the buttocks, and were attended with a somewhat painful swelling. They were in number from five to twenty, and endured from five to six days; but fresh spots so continually succeeded, that he was never completely free from them till his death. The first active hæmorrhage occurred from a gum when he was eight months old, and continued for six or seven days with very short intermissions, and at length ceased spontaneously, no applications having had any effect. When the child began to walk, he frequently fell on the ground; and this accident was usually followed by a profuse hæmorrhage from the nose, which, with very short intervals, continued from eight to fourteen days, and was more profuse in the night than in the day. After his entrance into his second year, he had at different periods, at least once in six weeks,

a similar active long-continued hæmorrhage from the nose, and always without any external cause. The epistaxis usually continued till the patient appeared quite exanguious, and became weak, giddy, and faint. In October 1821 he cut himself with a razor in the middle joint of a finger, from which the bleeding was nearly fatal, and was only stopped by extreme pressure, after it had endured for eight days. In February 1822 he fell upon the ground, which was followed by a most frightful epistaxis, that continued with very short intervals for six weeks. From May to September 1822 he suffered from hooping-cough, the paroxysms of which were attended with frequent and profuse hæmorrhage from the nose, but without vomiting. After this time, larger and smaller wounds usually healed well, without suppuration or any unfavourable circumstance.

When there had been any long suspension of hæmorrhage in this boy, he became highly plethoric, with a strong pulse and feverishly flushed countenance, and this continued till an opposite—an exanguious condition—was again established by a fresh hæmorrhage. Another not less interesting phenomenon was the connexion between this disposition to dangerous hæmorrhage and a simultaneous disposition to rheumatic pains in the joints. After a longer freedom, than usual from bleeding, he was attacked in different joints with swelling and pain, and particularly in the right knee. To this six leeches were applied, under the direction of a Surgeon who was ignorant of his constitution, from the bites of which so profuse and active an hæmorrhage ensued, that the child was obliged to keep his bed for three weeks, with a very quick and small pulse, and cachectic countenance. This was followed by the recovery of the joint, and he remained exempt from rheumatic pains during the remainder of his life. These pains were always relieved by hæmorrhage, and were particularly affected by the changes of the weather.

The general appearance of this boy was sickly, and towards the latter part of his life he shewed a strong inclination for sand and chalk, which he frequently indulged by stealth. It is remarkable that no hæmorrhage ensued from six incisions which were made in the skin for introducing vaccine lymph, while other trifling wounds were followed at the very time by profuse bleeding. His death was at last caused by a most insignificant wound made with a stove screw. It was situated in the integuments of the right parietal bones, from which, according to the mother's report, scarcely three drops of blood flowed. It was very quickly covered with a scab, and the child continued well and active till the 5th of December. On this day, about half-past eight in the morning, after being heated by jumping about the street and in his own room, he tore the scab away from his head, in consequence of which a most frightful bleeding immediately ensued from the wound, and continued, notwithstanding the diligent application of alum, till midnight. The blood was like water in which flesh had been washed, and did not coagulate. About half an hour from the commencement of this hæmorrhage, a vomiting of clots of blood occurred,

together with a bleeding from the nose. He was now very weak. On the 6th of December, 1822, soon after one o'clock in the morning, the child was seized with shivering, alternating with heat, great thirst, profuse perspiration, and drowsiness. At seven o'clock in the morning he asked for coffee, took two spoonful, immediately after became very faint, his eyes became glazed, and about nine A.M. of the same day he died, without any convulsion, and without any recurrence of the bleeding, but utterly exhausted, and bloodless as a waxen figure.

The third brother, born in 1821, is still living, and till nearly two years old had no hæmorrhage, but was much subject to petechiæ and ecchymoses. Dr. E. has given an account of the only bleeding which had occurred when he wrote, and which endured for thirty hours. It was from a wound not larger than a pin's head. Dr. Elsaesser has promised to continue his observations, and to give a more detailed account hereafter.

#### THERAPEUTICS.

##### *Disadvantageous Effects of Iodine.*

THE advantage of iodine in bronchocele is inestimable when no injury is experienced from its use. It does not appear to suit hysterical or nervous people, nor particularly weakly individuals. As a proof, take the following instance :—

Demors. Th., a weakly, nervous lady, twenty-eight years of age, had a great bronchocele, and, wishing to remove it, procured for this purpose some tincture of iodine. After some days, there appeared palpitations of the heart, fainting, convulsions, rheumatic pains, great prostration of strength, remarkable emaciation, complete abolition of appetite, and want of sleep. In the bronchocele there was constant sense of constriction, besides an incessant desire to make water, high fever, with alternations of shivering and heat. These symptoms, however, prevented this individual from taking the drops, excepting in very small quantities.

No person liable to profuse menstruation ought to take iodine. Here is an example :—

Mad. U., twenty-four years old, of a sanguine temperament, has menstruated every three weeks, for thirteen years, very profusely. After her marriage, her catamenia never disappeared during the first half of her pregnancy : in her third pregnancy, on account of a placenta presentation, and a profuse hæmorrhage in consequence of it, she was obliged to be delivered, since which time her catamenia have been still more profuse. This woman has a bronchocele, and sought to be freed from it by iodine. Suddenly there came on a very copious hæmorrhage from the vagina, which for four weeks resisted every remedy ; but, finally, after the iodine had been withdrawn, yielded to valerian, bark, and wine.

None who are ill nourished should use this remedy even in a small quantity, nor those who have a disposition to hectic. Only

robust people, who have no particular nervous susceptibility, can employ this remedy very much without injury. — *Hufeland's Journal*, 1824.

*Case of Menorrhagia cured by large Doses of Nitrate of Potash.*

A WOMAN, the mother of four children, who had for some time found that the menstrual discharge took place twice in each month, and lasted longer than usual with her, was suddenly attacked with profuse uterine hæmorrhage. The disease was not checked by bleeding, the application of ice, the use of acids and cold drinks, and the employment of rhatany root, but went on increasing, with great loss of strength to the patient. A sister having been similarly affected, and her case having terminated in the expulsion of a polypus, it was thought probable that this patient might be in the same circumstances; but, on examination, the os uteri was found very little open, and the uterus itself of the ordinary size.

On the following day, M. Goupil prescribed two drams of nitre, to be given in three doses; he the next day gave three drams, and on the third day four drams.

As no inconvenience was experienced by the patient, the latter quantity was given daily for four days: the menorrhagia, in the mean while, was daily lessened, and altogether ceased on the morning of the fourth day. Notwithstanding this, the patient took four scruples the next morning, but the medicine was returned by vomiting. She was then unable to take more than half a dram three times a-day, and that only for a few days, on account of the nausea and distress occasioned by it: the medicine, therefore, was discontinued, and the menorrhagia, which had lasted fifteen days, did not return.

In a case of uterine hæmorrhage related by M. Martinet, half an ounce of nitrate of potash was given for a dose; and M. Deslandes has been in the habit of giving the same medicine in cases of menorrhagia and hæmoptysis, in doses of from one dram to six drams in the course of the day, with very satisfactory results. (*Arch. Gen.*)

MATERIA MEDICA.

*Known Plants, used as Medicines by the Native Africans.*

THE following list of plants is extracted from the very interesting and scientific volume\* just published by Mrs. Bowdich, the widow of the enterprising African traveller of that name: —

*Chenopodium caudatum*. — The infusion of it is taken fasting by the Moors for worms.

*Asparagus falcatus*. — Used by the Africans on the Gambia, as an anti-venereal.

\* It gives us pleasure to recommend this volume to the attention of our readers. It is entitled, 'Excursions in Madeira and Porto Santo, while on his third Voyage to Africa. By the late T. E. Bowdich, Esq., &c. &c. To which is added, by Mrs. Bowdich, an Appendix, containing Zoological and Botanical Descriptions, &c. &c.' 4to: Whittaker. London, 1825.



*Celosia coccinea.* — Used as a condiment to rice: possesses an acid flavour.

*Ocimum basilicum.* — The infusion of this plant is used as a cooling drink in fevers.

*Solanum Carolinense.* — The leaves are boiled, bruised, and applied outwardly by the native Africans to the itch.

*Asclepias pubescens.* — The root is used as an active purgative.

*Chrysocoma denticulata.* — This is dried in the sun, powdered, and given for diseases of the lungs.

*Clematis Chinensis.* — The leaves are made into a plaster, and applied for pains of the back.

*Hibiscus trionum.* — The leaf is boiled with rice to give it an acid flavour; and a syrup is made with it for coughs.

*Hibiscus Senegalensis.* — Used as an anthelmintic purgative.

*Adansonia digitata.* — Fruit agreeably acid. As a condiment.

*Cassia Occidentalis.* — Its seeds are roasted, and used instead of coffee. The warm baths used by the Mandingoes in almost every disease have a quantity of its leaves thrown into them: in cases of fever and rheumatism, the bodies of the patients are rubbed with the leaves.

*Moringa Arabica.* — The leaves are beaten, and applied to bruises; and also boiled in the water used for baths.

*Guilandina bonducella.* — The fruit is said to be good for ulcerations of the throat and glandular swellings. The leaf is boiled in water with sugar, and this decoction given as a gargle.

*Elæodendrum argam.* — Anti-scorbutic.

*Of the Use of the Tartar Emetic in Ophthalmia.* By M. REICHE, M.D. — (*Pract. Tijdschrift voor de Geneeskunde*, 1825.)

THE treatment employed by M. Reiche in ophthalmia, is as follows: —

If the patient be plethoric, or if there be much increased action, M. R. commences the treatment with general or local blood-letting, according to the circumstances of the case. He afterwards orders an emetic, consisting of four grains of emetic tartar; and after its operation he prescribes this mixture: —

R Infus. Flor. Chamomill. ℥x.

Sodæ Sulphatis ℥j.

Tartar. Emetic. gr. ij.—iij.

Syrup. Sambuc. ℥j. M.

Capiat cochlear. ij. med. singulis horis.

Or he orders the following, when more active evacuation is required: —

R Fruct. Tamarindor. ℥j.

Fol. Sennæ ℥ij.

Coque et infunde, deinde ad collat. unc. x. adde

R Sodæ Sulphatis ℥j.

Tartar. Emet. gr. ij.

Mellis Puriss. ℥j. M.

Capiat cochlear. iij. larg. omni horâ.

It having been said that M. Reiche trusts entirely to the operation of emetics, and the influence of the tartar emetic in the cure of ophthalmia, he states, that, instead of this being the case, he orders incisions of the conjunctiva; arteriotomy; blisters to the nape of the neck, temples, and above the eye-brows; semicupium; warm-baths; and, internally, nitre, calomel, opium, camphor, Dover's powder at night, &c. according to circumstances. With respect to local means, he uses collyria, with preparations of lead, spirit of mindererus, the wine of opium, or an ointment with the red precipitate. He has frequently found the decoction of the roots of the *althæa officinalis*, or the warm decoction of the flowers of the *sambucus niger*, very useful at the commencement of the disease, as also the application of a poultice over the eye.

#### SURGERY.

*Observations on the Application of Opium, in Solution, to lacerated Wounds of Tendinous and Aponeurotic Parts.* By WILLIAM BELCHER, M.D.—(*Original Communication.*)

I HAVE been induced to make a few observations on the good effects of opium in solution applied to lacerations of tendinous parts, from having witnessed several cases of those injuries, where I think tetanus most probably would have supervened, if it had not been for the timely use of this powerful therapeutic agent, shortly after the receipt of the injury, and continued until the commencement of the suppurative stage. One case, in particular, has lately presented itself to my observation, which has made a considerable impression on my mind as to the utility of this application in preventing the onset of the tetanic spasm. A healthy, robust man, who had been attending a bolting-mill in this neighbourhood, got his left hand into a wheel which was moving with considerable velocity: he luckily extricated himself, having the third phalanx of the index, and the second and third of the middle fingers, literally ground to pieces, with considerable laceration of the palmar aponeurosis and some of the flexor tendons. Amputation of the injured phalanges appearing indispensable, I performed it immediately, and dressed the wounds with dossils dipped in opiate solution (gr. iv. to ʒss.), prescribed an anodyne diaphoretic draught at bed-time, and a saline purge in the morning. This patient passed the subsequent night free from spasmodic irritation, so commonly attendant on wounds of this class. The dressings were repeated until inflammatory action developed itself in the wound, when an emollient cataplasm was substituted, the patient continuing to enjoy freedom from pain and spasmodic startings. The anodyne draught was continued every night. The wound suppurated; portions of tendon and aponeurosis sloughed; granulation and cicatrization succeeded, without the slightest tendency to spasmodic affection.

I recollect having seen, when a pupil, two remarkable cases of extensive lacerations of the *gastrocnemii* muscles and tendo

Achillis, occasioned by a loaded cart-wheel rolling over the limb: one of these patients was of the sthenic, the other of the asthenic diathesis. The *latter* was dressed with solution of opium immediately after the receipt of the injury; and the subsequent night was spent without pain, uneasiness, or starting in the wound, the patient having slept comfortably. The opiate dressings and draught were continued; when inflammation set in, the emollient cataplasm was applied; and by persevering in this plan for some days, the patient quickly recovered, without constitutional disturbance. This was a case that any person who had seen it would have dreaded the approach of tetanus. The *former* patient was robust, and of the plethoric temperament so usually the subject of tetanus. His wound was nearly similar in situation and extent to the former: He was treated by a different Surgeon, with simple dressings and emollient cataplasms. He suffered much pain and spasmodic startings from the date of the injury; considerable and darting pains shooting up along the course of the absorbents to the inguinal glands, some of which became enlarged. All those symptoms became aggravated; and at the decline of the suppurative stage symptoms of tetanus developed themselves, which in thirty-six hours proved fatal.

I can also call to my recollection two cases of compound dislocation of the thumb at its metacarpal joint (an injury frequently followed by tetanus), where the opiate dressings were applied, accompanied by a splint to keep the parts *in situ*. An anodyne was given at night, and a purge in the morning; quietude enjoined. By a continuance of this plan of treatment, the patients recovered, without any disposition to spasmodic affection.

I witnessed another case of this accident where opium had not a fair trial: tetanus supervened, and destroyed the patient.

Mr. Todd, of Dublin, was in the habit of applying opiate dressings to wounds of this description, at the Richmond Hospital, in that city, and with the very best effects. In one case, where the thumb, index finger, and part of the palm of the right hand, were shattered by the bursting of a blunderbuss, amputation was performed shortly after the receipt of the injury, at the carpal joints of the metacarpal bones of the index and thumb; the wound and neighbouring laceration was dressed with lint dipped in solution of opium; the antimonial anodyne at night, and saline purge in the morning, were exhibited. This plan was persevered in, and the patient recovered without a bad symptom, scarcely requiring a poultice. Mr. T. expressed his conviction to the pupils that tetanus would most probably have supervened in this instance, if it had not been for the effects of opium in warding off nervous irritation.

The results of these several cases have pretty strongly confirmed my opinion of the utility of opium as a *preventive* of tetanus in many cases of this description, where, without its early and continued use, this intractable disease would have attacked and destroyed the unfortunate patient; and I conceive it very probable

that if opium, constitutionally administered and locally applied, got a fair trial, and was more generally used by Practitioners in those particular injuries immediately after their receipt, we would have much fewer cases of traumatic tetanus to contend with as their sequelæ. I should also imagine this plan applicable to gunshot injuries in similar parts; but I cannot speak of them from experience.

There is another form of injury, attended in many cases with the most melancholy and fatal effects, (I allude to those slight wounds received in the prosecution of pathological and anatomical researches, too many fatal examples of which have occurred within the last few years), where I conceive it probable that opium, given in large doses, and repeated so as to keep the system under its influence for a few days after the receipt of the scratch, may be instrumental in warding off those dreadful symptoms which so frequently ensue, as I believe that it is generally supposed that the nervous system in those cases is particularly affected. From the intense pain which the patient uniformly suffers, might not placing the system under the effects of opium immediately, act as a preventive? it is worthy of trial, as all remedies hitherto tried when this disease *has set in* have failed in giving relief in many cases. The experience of Dr. Colles in the melancholy case of the late Professor Dease of Dublin, has proved to us that opium was of no avail when the disease *had set in*. From the excellent effects of opium in those cases which I have before related, I think it rational to infer similar good effects in other injuries which are likely to produce nervous irritation.

Baudon, May 2, 1825.

P.S.—While lately serving in his Majesty's navy, in 1823, I witnessed a remarkable and extensive *laceration* of the flexor tendons at the wrist by an iron hook. In this case, opium was applied with excellent effects. Tetanus did not supervene.

*Observations made at the Hospital Beaucaire.* By M. BLAUD, Chief Physician to that Establishment.

*Gonorrhœal Engorgement of the Testicle.*—‘A man, aged thirty, had been five days affected with gonorrhœa, complicated from the second day with testicular engorgement. There was very little discharge from the urethra, but the left testicle was greatly tumefied, *red, inflamed, and very painful.*’ The French journalist remarks, that a *physiological* Physician, evidently alluding to a well-known Practitioner in Paris, would promptly have applied leeches in this case. We imagine the same *mistake* might have been committed by others. In that case, however, the writer goes on to say, the inflammation would probably have disappeared in a fortnight or three weeks, leaving behind it some remains of the engorgement, a common effect of prolonged antiphlogistic measures when glandular organs are affected. But M. Blaud prescribed a draught with the balsam of copaiba, in the dose of three drams in the course of the day, and six days afterwards there were no traces of engorgement. It seems that this practice was taken from M. Ribes, who

first perceived that the balsam of copaiba possessed the double property of checking gonorrhoeal discharge, and resolving the engorgement of the testicles, with which it is so often accompanied.—(*Rev. Méd. Mars 1825.*)

#### POLITICAL MEDICINE.

*Remarks on the alteration of the Statutes enacted by the Senatus Academicus of the University of Edinburgh, for conferring the Degree of M.D. 1825.—(Original Article.)*

By a recent decree of the Senatus Academicus of the Edinburgh University, the period of academical study required before a student can present himself for examination for a degree in physic, is increased to four years; except where the student shall have taken the degree of Master of Arts in that or some other college, or shall have been one year in attendance on an hospital containing not less than eighty patients, or one year in the medical service of the army or navy, in which case three years of college residence will be considered sufficient.

In addition to the lectures which the student has been expected to attend, he will now be required to attend a six months' course of lectures on Midwifery and the Diseases of Women and Children, and a three months' course of at least two out of the following:—

PRACTICAL ANATOMY.  
NATURAL HISTORY.

CLINICAL SURGERY.  
MILITARY SURGERY.

The examinations are not, as heretofore, to be in the Latin language, but the student is to shew in a preliminary examination, 'se linguâ Latinâ jam satis esse doctum;' in which case only is he to be admitted to any medical examination. But if he is not found deficient in this particular, he is immediately to be examined as to his more strictly professional attainments. In case of rejection, one year must elapse before he can present himself again, during which year he is to attend at least two courses of lectures out of those above specified. The second examination is to be the same as it has usually been, and the thesis is to be defended as before; after which, the student will receive the 'summos honores' on the 12th of July.

We have read these alterations of the Senatus with unfeigned pleasure, believing them on the whole to be very judicious. In this age of universal instruction and general improvement, it is never without deep feelings of regret that we observe any disposition on the part of public professional bodies to *lower* rather than to raise the standard of acquirement which is accepted as a claim to public honours, or titles indicative of supposed merit. The character of the times in which we are called upon to act is such, that no man of abilities and industry need despair of the attainment of a certain share of rank and influence, and no man already possessed of either can make too great efforts to preserve them, by shewing that he has higher titles to them than mere descent, or inheritance, or a purchased name. Our servants can read and

write; our manufacturing workmen are scientifically instructed; ancient learning, even in its most favoured seats, begins to be associated with science; the middle classes of society are eager to partake, not only of the blessings of a common education, but of all those intellectual advantages which, half a century ago, were almost exclusively enjoyed by their superiors in rank. In this general movement, in this general intellectual aspiration, in this simultaneous elevation of the whole scale of society, it behoves not *the Professions* to be supine, or to imagine that what has sufficed to procure them peculiar respect and peculiar privileges will alone continue to do so. It is too notorious, that in the church this unhappy delusion, this fatal security, this soporific and deadening spirit, has been well nigh fatal to its very existence in an established form. In the profession of law, on the contrary, we are presented with an instructive example of the highest and most extensive general attainments combined with the most laborious professional research. Physic must not be behind. The time has gone by when the name of Doctor, seconded by a wig and cane, and a look of profundity, could command respect for ignorance; and although we fear the Edinburgh Professors might (*more academico*) disclaim a sentiment so liberal and levelling, we heartily rejoice to see them coming forward in the true spirit of the times, and raising the requisites for that rank which they are empowered to confer.

We very unreservedly agree in the assertions of the Senatus, that the Edinburgh Degree continues to rank high all over the world: a careful selection of men to fill the Professors' chairs as they become vacant will continue to maintain the reputation of it; but let it be remembered, *nothing else can*. We respect the excellence of private character, we admire industry, we value and esteem good-nature; but in a *Professor* we desiderate *talent*, and talent of the first order. He may not be a man of genius, for genius is not a thing of every-day occurrence; but to all the other faculties of the mind, and to many accomplishments, he must superadd *judgment*. By men of this description the school of Edinburgh was first exalted into notice,—by men of this description alone can it be prevented from falling into decay.

Sufficient opportunities have been afforded to us of knowing that the Medical Degree of Edinburgh is every year taken by men who would do honour to any title or to any station; by men who consider the time prescribed for their academical studies too short, and who have voluntarily prolonged it; rather lamenting the easy admission to those highest honours for which they felt it honourable to struggle, than regretting the amount of what they were required to perform. The general character of the Edinburgh students is highly creditable to that place of learning. Most of them are distinguished for uniting in a remarkable manner considerable information derived from books and study with a large share of knowledge derived from constant habits of clinical observation; whilst all the parts of these two kinds of attainment are harmoniously blended and healthily amalgamated by opportunities of



association and of free and liberal discussion in the Medical and other Societies. At the same time, living in one quarter of the town, a little removed from its gaieties and temptations, and as it were under the eye of the Professors, who are known, or at least supposed, to take a lively interest in what is going on among them, and to pay regard to the student's character during his residence as well as to his application, the young men studying physic there are assuredly, on the whole, eminently decorous in their habits of life, and moral in their general conduct.

To this pleasing picture we wish we were unable to add, what cannot be added without pain and grief, that few years pass over in which the degree is not conferred on one or two men, whose ignorance of every thing connected with medicine is so inconceivable, that a six months' student would blush not to know more; who, from indolence, dissipation, unsteadiness of character and irregularity of mind, have been marked throughout the whole of their academical career by nothing but what disgraced them. We grant that such men may have been delayed a few months, perhaps a year; a portion of time devoted, not to wholesome and legitimate labour, but to all the arts by which a man who has a good memory may seem to be wise for the space of an hour: and what consolation does this afford to the devoted student, who finds this turned-back, idle, drunken, dangerous fool invested with the same gown, touched with the same cap, and congratulated on arriving at the same honours with himself—and who knows that he will be sent forth with full power to effect mischief, and to reflect disgrace and ridicule, from every corner of Europe, on the college from whence he sprung? It may be a very safe practice in the law, for such we understand is the practice, to allow the ignorant and the well-informed to *pass* indiscriminately: they are pretty sure to find their level in a profession where ignorance cannot be concealed, and talent cannot be affected: but this description is well known to be inapplicable to physic. We trust the Professors will look to this.

To the lectures which it is required that the student should attend, the addition of those of the Professor of Midwifery is very important. It always seemed to us unaccountable, that, although the diseases of women and children were known to form four-fifths of actual practice, the study of them should be so much left to accident, or to the inclination of the student. Moreover, as every Physician is liable to be called in occasionally in difficult midwifery cases, or at least in dangerous puerperal diseases, no Physician should be unprepared for such emergencies. It is to be hoped that the able Professor of this department will adopt measures for furthering the *practical* knowledge of his pupils: of all branches, this is that in which the least is to be gained by mere reading. When we were in Edinburgh, it appeared to us that Dr. Hamilton's Lying-in-Hospital was deficient in a respectable superintendant, and, without being affectedly fastidious, that things were conducted there a little too grossly. Much of this was, of course, attributable to the impossibility under which Dr. H.'s extensive practice placed

him of being present himself; and we shall not intrude any further hints upon a gentleman for whom we entertain an unfeigned respect.

The arrangement by which the study of practical anatomy, natural history, legal medicine, clinical surgery, and military surgery, are recommended, and at least two of these branches prescribed for attention at the discretion of the student, is, to say the least of it, liberal. We are of opinion that both practical anatomy and legal medicine should be made absolute; since both are unquestionably indispensable.

The clinical surgery, as it is called, of the Edinburgh Infirmary, has, we trust, undergone some change since the year 1821. To hear lectures concerning cases scattered about in the different surgical wards, to which the attention had never been previously directed at the bed-side; about patients, some of whom had left the hospital, and some had died before being mentioned by the lecturer; to see the Clinical Professor acting the part of a mere looker-on in the wards, never condescending to acknowledge his clinical pupils, never going round with them, never pointing out a single case or recording a single report in their hearing; could surely only be productive of loss of money and of time, and a very natural and deep dissatisfaction on the part of the student. The lectures of Professor Russell, under all these disadvantages, were doubtless interesting; but they wanted that application which could alone make them useful.

The wards of clinical medicine in the Edinburgh Infirmary cannot be spoken of too highly, or praised too much. In those wards, and in those wards only, in that large hospital, when we were students, could any thing be really *learnt* by the young and inexperienced. Dr. Home, Dr. Duncan, jun., and Dr. Graham, were all distinguished for their kind encouragement of the pupils; and we look back with a curious kind of delight on the hours spent in those crowded and inconvenient rooms, to which we trace many useful recollections, often connected with some accidental remark or casual observation uttered by those gentlemen, where alone it could have been so impressive, at the bed-side of the sick.

In the other Physicians' wards, all was silence, and the most studied mystery; a race between a Physician trying to distance his followers, and a crowd of young men vainly trying to catch the whispers of prescription. It was, we think, a rule with the author of the well-known work on Purgative Medicines, *never* to make an observation to a student, and no student, within our experience, ever ventured to ask him a question. There was a sort of masonic understanding between him and his clerk; 'nods, and becks, and wreathed smiles' were interchanged between them, at which the poor pupils gaped in a very pitiable and helpless manner. Dr. Spens was a little less puzzling and unapproachable. The clerks imitated their masters; and all the while the baffled students learned nothing. In the surgical wards up stairs, matters were even worse. Much more care was taken, on particular occasions, to get the students out of the way than to shew them any thing useful, or

to allow them to profit by difficult and instructive cases: they were always looked upon shyly and unlovingly, and felt themselves in the awkward situation of intruders; they were never led on and encouraged by their elders, never incited to observe and think; never warmed into even a temporary enthusiasm. An exception ought to be made in favour of Mr. Allan, who seemed to be the only Surgeon not sworn to perpetual secrecy. But these blemishes in a noble Institution have, we hope, been effaced. We do not allude to them in bitterness, and least of all with any personal feeling, but we claim for ourselves the right to speak of them as we knew and *felt* them to be. It is too much the habit of people enjoying appointments and offices to accuse those who speak undisguisedly of what is defective in their department, of being persons desirous of destroying rather than reforming: against such an accusation we appeal to the decision of all who have been unfeignedly desirous of learning something from eminent Physicians and Surgeons in the wards we have spoken of, and who have been disappointed. It is for the interest of all future Edinburgh students, it is for the interest of the school itself, that these matters should not be passed over meanly, but spoken of plainly.

With respect to discontinuing the practice of examining in Latin, we felt, we confess, at first very much disposed to question the propriety of this alteration. On reflection, however, we see no harm likely to arise from it, but rather some good likely to accrue. As for the interests of learning, they were never much promoted by Latin examinations, and therefore they cannot suffer much. Many of the students, under the former regulations, contrived to remain to the last barbarously ignorant of Latin; spoke it wretchedly, and could neither write it nor read it. But many were far more learned than the occasion required; and after the death of Dr. Gregory, there was not any Medical Professor considered very much distinguished by an attachment to classical pursuits, which seem always to have been estimated too lowly at Edinburgh. For some years past many of the students have taken much pains with their Latin, assisted by a very able and learned English gentleman resident in Edinburgh;\* and we knew many who wrote and spoke it with an elegance and a facility scarcely inferior to that with which they employed their own. This kind of accomplishment, however, was chiefly followed for its own sake, and for the rich rewards it was to bring, in an acquaintance with the treasures of ancient professional learning; for, as regarded the mere examinations, we believe the students were rather afraid of speaking too well, than of failing to speak well enough.

The Physicians are certainly not in our day so well entitled to the appellation of a learned body as they were in the middle, or at least in the beginning, of the last century. The very terms and forms of common prescription, and particularly in modern works professing to give *formulae*, are often a burlesque on all classical

\* Dr. John Fletcher.

acquirement; not only are they not Latin, but a 'damnable compound' of the terms of the schools and the wretched expressions of the shop,—nay, sometimes a fantastic compound of poetry and prose.\* The law and the church are, unquestionably, more learned than the Faculty, and rank higher, we think, in the literary world. Physicians might, no doubt, do better, but at least we may be satisfied; and this is our only reason for making these apparently ungracious observations, that mere examinations in Latin have never had much effect.

We would venture to express a hope that the preliminary inquiry into the student's classical proficiency will not degenerate into a mere matter of form, the translation of six lines of Celsus, or a paragraph in Dr. Gregory's *Conspectus*, or a definition in Cullen. Admitting that an English examination will lead to a more accurate estimate of the information really possessed by the student in his profession, we hope the classical examination will also become a means of promoting a sounder learning in the candidates, whose sins against language have, in former years, been too numerous and too notorious. The best practical Physicians this country ever knew did not find classical acquirements incompatible with extensive professional knowledge, but rather aids to it, and doubtless as ornamental parts of their character highly pleasing and advantageous, enlarging the sphere of their personal usefulness, and shedding a grace over their profession. Different opinions have prevailed of late years. Accidental circumstances have placed men of defective education, but possessing a certain share of experience, in stations of command and influence. Learned bodies, which we need not name in this place, have lent a helping hand to degrade physic and physicians, until a learned *Doctor* has been looked upon and represented by some medical authorities, as disqualified for practice in exact proportion to his learning. The enlightened part of the public (and what part of the public is not becoming so?) see things with a less prejudiced eye; and whenever the whole Profession ceases to be learned, it will assuredly sink into a rank, for which the requisites are now scarcely inferior—the rank of a better sort of trade.

We conclude these observations, which have been made, though not servilely, yet not wantonly or without reflection, and, on the whole, in a very sincere spirit of gratitude and affection for Edinburgh, by again expressing our satisfaction at the general tenour of the new *Statuta*; and with a heartfelt wish that the high character of the Edinburgh School of Physic may yet be handed down unimpaired, from one generation of Professors to another, for many ages to come.

\* Many illustrations might be given. Let one suffice. A member of the College of Physicians, and a very zealous defender of its rights, tells us, in a printed book, that a certain powder is to be taken '*singulis auroris!*' which is as extravagantly ridiculous as if a draught were labelled 'To be taken when Aurora purples the east,' or, 'when the morn, in russet mantle clad, walks o'er the brow of yon high eastern hill:—directions which would certainly astonish a patient a little.

## MIDWIFERY.

*Case of Rupture of the Uterus.* Communicated by O. R. BROYLES, M.D., of Cambridge, South Carolina.

CALLED to my patient by the directions of a midwife, to whom the case had in the first instance been intrusted, I visited her on the morning of the 18th of August. I found her resting very quietly, as if asleep, and was informed by the midwife, and several women present, that her labour pains, which came on her eight hours previous to my arrival, had been very slight, and had entirely subsided immediately after the discharge of the liquor amnii. The pains were represented as producing little or no effect upon the child, even though the presentation was right, and the os uteri sufficiently dilated. No pain was at this time complained of, except a slight soreness over the abdomen on pressure. The pulse was soft and full, but a little hurried, and the countenance quite natural. From these appearances, I entertained no fear as to her situation. No vomiting at any time had taken place, nor any sudden screaming, so commonly connected with this accident. No feelings within had inspired the patient with uncommon fears; and, in short, ten hours after the accident, when I saw her, nothing existed, except that she was rather more restless than common, and her respiration shorter and more hurried than I have commonly witnessed in lying-in cases. Of course, I did not apprehend a rupture: my conclusion was, that the contractions of the uterus had been suspended by a premature discharge of the liquor amnii, or by a temporary debility of the uterus itself; and that the pains, though at first light and transient, would, in the course of a few hours, be resumed, and the patient most probably safely delivered. Yet, rather than trust the case to the management of a midwife, I determined, as my other duties necessarily prevented my further attendance on her, to make some exertion to excite the uterine action. For this purpose I gave the ergot, in the ordinary way, without, however, the slightest effect being produced by it. I then prescribed an anodyne injection, with such other means as would commonly be recommended in the situation in which I supposed her to be, and returned to my residence.

Three days afterwards, I was informed that my patient had died. Mortified and surprised at this intelligence, and withal somewhat solicitous for my reputation, on account of the favourable opinion which I had expressed, I immediately instituted an inquiry into the manner of her death. I was informed, that respiration gradually more short and hurried, with restlessness, and cold extremities, were the precursory symptoms. No pain had been complained of in the bowels—no hæmorrhagy nor vomiting had occurred to the last. Thrown into a state of the utmost doubt and uncertainty by such an extraordinary course of events, I determined to see, by an examination of the body, if a rupture could have been the cause. Three days after burial I had the body raised, and, in the presence

of my friends Drs. Dogan and Williams, I proceeded to the dissection.

The following were the appearances. On opening the abdomen, the breech and extremities of the child were found confusedly mixed with the intestines. The rupture had taken place at the symphysis pubis, and extended itself in the direction of the linea ileo pectinea, each way, until two-thirds of the uterus was torn asunder. The uterus was found reflected into the lumbar region, somewhat contracted, but easily dilated to its former dimensions. On examining more minutely its condition, an extraordinary thinness was found to exist at the place of rupture. I discovered, from examination, that no sharpness of the linea ileo pectinea could have contributed to produce this effect; and that every circumstance existed of the most favourable character, except this most palpable deficiency of the uterine organisation. To what cause, then, shall this last result be referred? May it not have arisen from the pressure of the child during several of the last months of pregnancy? My conviction is, that such is the fact—and to this conclusion I have been led, by several corroborating circumstances. My patient had an unusually projecting sacrum—and, as a very natural consequence of such a condition, her abdomen was much more pendulous than common, by which the weight of the child was made to rest upon the pubes. To the pressure thus occasioned I have thought proper to ascribe this local debility and thinness of the uterus, which, at the ruptured point, was as thin as buckskin. I see no physical reason why such a result might not arise from such a cause.

It may be proper to suggest, that I have only the evidence of the midwife, and other women present, in proof of the weakness of the pains at the time of rupture. But when it is recollected that the pains, even in the moments of their utmost exertion, seemed to produce no effect upon the child, even though the presentation was right, together with the unexampled thinness of the uterus at the place of rupture, little doubt can be entertained of the correctness of the conclusions.—*Philadelph. Journ.* No. 17.

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## PART V.

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### MISCELLANEOUS INTELLIGENCE.

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#### *Hydro-Anencephalie.*

M. BARON exhibited the body of an infant to the Royal Academy of Medicine of Paris, at the sitting of the 21st of February, which was hydro-anencephalous, and had lived four days. The cranium was fully developed, but, instead of the two cerebral lobes, it contained a quantity of serum. There was a cerebellum, covered by the reflection of the dura mater. There were two round bodies in front of the corpora quadrigemina, formed by the rudi-



ments of the cerebral peduncles. M. Baron observed that the internal carotids were natural in this subject; which weakens the opinion of M. Serres, that all monstrosities, including those of the encephalon, depend on the absence or on the multiplication of arteries. In this, as in many other instances, the cerebral and spinal nerves were formed; and there was a remarkable difference between the size of the orbital and the cranial portion of the optic nerve, shewing the independence of the formation of the nerves on that of the brain, of which they ought not to be considered a prolongation.

*Unpublished Manuscripts of Morgagni.*

M. DES GENETTES recently communicated a letter to the Royal Academy of Medicine of Paris from Dr. Louis Frank of Parma, announcing that he had found twelve manuscript *cartons* of Morgagni, containing numerous notes relative to anatomical researches and to consultations, chiefly in the handwriting of that celebrated Professor. The Royal Academy have agreed to aid and assist in effecting their early publication.—(*Rev. Méd.*) We have also received a letter from our correspondent Dr. Louis Frank, containing the same interesting information.

*Tubercular Disorders.*

DR. BARON'S work on this subject has been translated into the French language, and is, we observe, advertised by M. Boivin, the translator, '*traduit de l'Anglais de Sir John Baron*,' Physician to the General Hospital of Gloucester. Our neighbours have long enjoyed the privilege of mistaking and misspelling names, but the creation of titles is something new. If Dr. Baron's translator thinks the title of *Sir* is synonymous with Mr. or with Doctor of Medicine, we fear his translation of a laboured work will not be very intelligible.

*Properties of Margosa Oil.*

MR. ALLSOP, in a letter from Madras, describes the oil obtained by expression from the nut or seed of the margosa-tree as having valuable medicinal properties, and acting as a preservative of perishable substances of various kinds. About an ounce and a half of the oil is obtained from a pound of the nuts. It (and also the leaf of the tree) is applied externally for pains in the joints, swellings, stings or bites of insects, &c., and is a chief ingredient in the decoctions of the natives for flatulency, indigestion, &c. Mr. Allsop was himself relieved from a very severe attack of lumbago by three applications of the oil.

The natives besmear their *holays* or *cadjares*, on which their vedas, histories, &c. are written, with it. Some, upwards of two centuries and a half old, were nearly as fresh and in as good condition as those recently taken from the tree. Mr. Allsop thinks that the oil, applied to the shelves, sides, &c. of bookcases, trunks, &c. will prevent insects or vermin approaching them, and would also be found useful in preserving cables, cordage, canvass, leather, or articles of any description which are liable to be attacked by worms or other vermin.—*Tech. Rep.* vii. 17.

*Medicinal Application of Leeches.*

AT a sitting of the Academy of Sciences, M. Dumeril reported on a memoir of MM. Pelletier and Huzard, on leeches. The authors proposed to determine, in the first place, the causes which in certain cases rendered the wounds made by leeches very difficult to heal; and, in the second, to ascertain the circumstances in which particular leeches will not attach themselves to the skin to which they are applied. On the first point they are of the opinion of those who attribute the difficulty to the temperament of the patient, or to the nature of the disease, or to the imprudent custom which some persons have of disturbing and tormenting the animal in all sorts of ways, in order to make it loose its hold, when it has been supposed to suck too long. On the

second point they have ascertained, that frequently in commerce leeches are sent to the market in every respect resembling in appearance those which are known as medicinal leeches, but which, nevertheless, are entirely different in their internal organisation. The false leeches have not the mouth furnished with cutting jaws, nor can they penetrate the skin of animals; their intestinal canal and stomach are differently formed.—*Ann. de Chimie*, xxviii. 96.

*Table of Admissions into the Small-Pox Hospital, during the year 1824.*

| Class.  | Characters of the Disease.  | Admissions. | Deaths. | Rate of Mortality per Cent. |
|---|---|-------------|---------|-----------------------------|
| 1   | Small-pox in the unprotected, in its greatest virulence . . . . .<br>( <i>Confluent malignant.</i> )                            | 12          | 12      | 100                         |
| 2   | _____, in its second degree of virulence . . . . .<br>( <i>Simple confluent.</i> )  | 46          | 27      | 59                          |
| 3   | _____, in its third degree of virulence . . . . .<br>( <i>Coherent.</i> )   | 55          | 14      | 23                          |
| 4   | _____, in its mild form . . . . .<br>( <i>Distinct.</i> )   | 35          | 1       | 3                           |
|   | Total in the unprotected . . . . .  | 148         | 54      | 36                          |
| 5   | Small-pox of the confluent, coherent, and distinct kinds, occurring subsequent to Vaccination . . . . .<br>( <i>Modified.</i> ) | 45          | 0       | 0                           |
| 6   | Small-pox occurring subsequent to Inoculation . . . . .<br>( <i>Secondary.</i> )  | 2           | 0       | 0                           |
| 7   | Eruptive diseases, not Small-pox . . . . .  | 4           | 0       | 0                           |
|   | Total . . . . .   | 199         | 54      | 27                          |
| <i>Table of the Ages of the several Cases admitted in 1824.</i> |   |             |         |                             |
|   | Under seven years of age . . . . .  | 33          | 19      | 57                          |
|   | Between seven and fourteen . . . . .  | 15          | 2       | 13                          |
|   | Adults . . . . .  | 151         | 33      | 22                          |
|   | Total . . . . .   | 199         | 54      | 27                          |
| Total vaccinated in the year 1824 . . . . . 3,324.              |   |             |         |                             |

Medical Mélange.

*Analysis of the Urine of a Syphilitic Patient, under the Use of Mercury.*—M. A. Chevalier submitted the urine of a woman under the action of mercury to analysis, and found that it differed from healthy urine, by the absence of urea, and the presence of a great quantity of albumen mixed with a fatty matter. This urine nearly resembled, in colour, urine which had been some time exposed to the air, and had run into fermentation.—*Journ. de Chim. Méd.*, Avril 1825.

When one drop of croton oil is mixed with an ounce of oleum papaveris, a preparation is formed, having an exact resemblance to castor oil, and a table-spoonful of which operates exactly as a table-spoonful of that drug. Several experiments have already been made with it, in the Polyclinical Institution; and as castor oil is so dear, we think we can properly recommend this mixture. — *Hufeland's Journal*, February 1824, p. 125.

Dr. Heinge, of Waldenbury, observed the pericardium "as transparent as the cheapest crystal," in a child of four years old, who had suffered under symptoms of asthma from the day of its birth, and died 'om stuckfluss,' from suffocation. — *Ibid.* p. 126.

*Emetine.* — According to Magendie, two grains given to a healthy man sufficed to produce repeated vomitings. In the case of chronic obstruction (verschleimungea), in which it was given in the Polyclinical Institution, one grain to a grain and a half was given for a dose, and to procure repeated vomitings from four to six grains. — *Eilster Jahresbericht des Koniglichen Poliklinischen Institutes*, 1823, p. 6.

*Iodine for Carcinoma Uteri.* — Among the organic diseases of the uterus, there were many cases of scirrhus and carcinoma of the uterus treated. Besides the generally recommended remedies, and employed without any agreeable result, the iodine was made use of in three cases. In two cases of scirrhus it was given internally, as tincture of iodine, according to the formula of Coindet, and in one only externally, in the shape of ointment, the hydriodate of potash. In all three cases this specific produced a powerful forcing influence upon the uterine systems. Internally, notwithstanding it was given in small doses, it excited, besides other less important effects, a sensation of tension and painful pressure in the abdomen, and the hydriodate of potash rubbed on the abdomen increased very evidently the disposition to hæmorrhage. Two patients have greatly improved, but are still under treatment. The third, on the other hand, who has taken the tincture of iodine, and injected cicuta and the leaves of the lauro-cerasus, may be considered as cured of the scirrhus of the os uteri. — *Ibid.* p. 36.

#### *The Medical, Clerical, and General Life Assurance Company.*

MANY of our readers may recollect that we took occasion, in an article on the Comparative Health and Population of Great Britain, to offer some remarks on the subject of life assurance.\* The data which we then furnished, and the observations we made, were copied from this Journal into several other periodical works, and into some of the daily papers. Since that time, a number of assurance companies have sprung up. Amongst the most respectable of those are the companies which have been formed by some of the most eminent of the learned professions, and in which the members of these professions have generally taken a particular interest. The Law Assurance Company was the first formed; and next, and certainly not under inferior auspices, "the Medical and Clerical Assurance Company." We would not have adverted to the subject of life assurance companies, but with the view of directing the attention of medical men to the propriety of using the great influence they possess, in matters of life assurance, to the advantage of a Society in which the most eminent Physicians and Surgeons of this country are concerned, not only in the proprietary, but also in the management.

We would have brought the existence of this Society thus particularly before the Profession much sooner; but we have waited until we had the

\* LONDON MEDICAL REPOSITORY for January 1823.

means of ascertaining how far the management of it deserved any exertion of interest on our parts. We have it now in our power to state, from the best sources of information, that its affairs have been hitherto prudently and ably managed; that the medical and clerical professions have generally come forward in support of it; and that it is now in full and prosperous operation.

The unprecedented manner in which the members of the profession of the law have come to the support and patronage of their Society for Life Assurance, ought to be a spur to those of the medical and clerical professions to support theirs. Lawyers have hitherto outstripped us in *esprit du corps*, and in the manner in which they have supported each other, and their whole body generally, when matters of interest to either were at stake; but in liberality of spirit, or of exertion, we can boldly state, that, as a body, we have not been surpassed by them, or by any other class of men; and surely the time of exerting both is when a society of medical men, in the prosperity of which society a very large portion of all ranks of the profession are interested, comes forward in assuring the reasonable continuance of that which it is the duty of their lives to preserve.

We are led to state this, not because we think that this Society stands in need of patronage, but because, as zealous supporters of whatever is creditable to our profession, we do not contemplate with pleasure a society, in which lawyers only are concerned, outstripping in prosperity that in which the members of our own profession are interested: and the less so, when we consider that medical men have it in their power to patronise societies of this description quite as much as lawyers can possibly have.

By bringing the Medical Assurance Company before the notice of medical men, and by thus giving its objects and its exertions our unequivocal approval, we must state, in the most unqualified manner, that we have no direct interest in so doing, farther than the pleasure of seeing an institution connected with our profession, and in the prosperity of which all its members are equally concerned, receiving its deserved support. If any of our readers should think differently, we can only reply that the following well-known and eminent individuals in our profession, who are joined with those of several peers and dignitaries of the church, in the direction of the affairs of this Society, are a pledge that our observations cannot be much otherwise than just.

The professional names to which we allude, are Sir Henry Hallford, Sir Astley Cooper, Sir Everard Home, Dr. Birkbeck, Dr. Bree, Dr. Cholmeley, Dr. Pinckard, Dr. Ashby Smith, Mr. Earle, Mr. Green, &c.

We wish the "Medical and Clerical Life Assurance Society" every success; and we shall feel pleased if our sincere recommendations contribute in any way to what, we are satisfied, it would acquire without them.

J. C.

#### WORKS RECEIVED FOR REVIEW.

Observations on Extraction of Diseased Ovaries; illustrated by plates, coloured after nature. By John Lizars, Surgeon, Author of the System of Anatomical Plates, &c. Folio. Pp. 24. Five Plates. Edinburgh and London, 1825.

Observations on the Cholera Morbus of India: a Letter addressed to the Honourable the Court of Directors of the East India Company. By White-law Ainslie, M.D., M.R.A.S., &c. 12mo. Pp. 88. London, 1825.

Essay on the Causes and Treatment of Lateral Curvature of the Human Spine. By Robert Knox, M.D., F.R.S.E., Lecturer on Anatomy, Physiology, and Pathology; Conservator of the Museum of the Royal College of Surgeons, &c. &c. 8vo. Pp. 52. Edinburgh, 1825.

Practical Directions for preserving the Teeth; with an Account of the most Modern and Improved Methods of supplying their Loss; and a Notice of an improved Artificial Palate, invented by the Author. Illustrated by Plates. By Andrew Clark, Dentist. 8vo. Pp. 96. London, 1825.

Practical Observations on Vaccine Inoculation, illustrated by Facts; with some Account of the late Reappearance of the Small-Pox in the Neighbourhood of Newcastle-upon-Tyne, and the probable Extent of its Ravages; addressed to Clergymen, Magistrates, and Heads of Families. By John Deglish. 8vo. Pp. 48. Baldwin, Cradock, and Joy, Paternoster Row. 1825.

Third Vindication of the General Penitentiary, shewing that there is no ground whatever for supposing that the Situation of that Prison had any share in producing the late Disease among the Prisoners confined there; being an Answer to some Observations contained in a Work published by P. Mere Latham, M.D., entitled, 'An Account of the Disease lately prevalent at the General Penitentiary.' By George Holford, M.P. 8vo. Pp. 156. Rivington, London, 1825.

### Quarterly Report of Prices of SUBSTANCES employed in PHARMACY.

|  | s. | d. |                                    | s. | d. |
|--|----|----|------------------------------------|----|----|
| Acaciæ Gummi elect. ....lb.            | 4  | 6  | Coccus (Coccinella) .....unc.      | 2  | 6  |
| Acidum Citricum .....22                | 0  |    | Colocynthis Pulpa Turk. ....lb.    | 8  | 0  |
| — Benzolicum .....unc.                 | 3  | 6  | Copaiba.....                       | 7  | 0  |
| — Sulphuricum.....P. lb.               | 0  | 8  | Colchici Radix (sic.).....         | 4  | 6  |
| — Muriaticum.....                      | 1  | 6  | Croci stigmata.....unc.            | 4  | 0  |
| — Nitricum.....                        | 3  | 6  | Cupri sulphas.....lb.              | 1  | 0  |
| — Aceticum Dilut. ....cong.            | 4  | 6  | Cuprum ammoniatum.....             | 8  | 0  |
| — Tartaricum.....lb.                   | 6  | 6  | Cuspariæ Cortex.....               | 3  | 0  |
| Alcohol.....M. lb.                     | 5  | 6  | Confectio aromatica.....           | 7  | 6  |
| Æther sulphuricus.....                 | 9  | 0  | — Aurantiorum.....                 | 2  | 6  |
| — rectificatus.....                    | 12 | 0  | — Cassiæ.....lb.                   | 6  | 0  |
| Aloes spicatæ extractum.....lb.        | 7  | 6  | — Opii.....                        | 6  | 0  |
| — vulgaris extractum.....              | 16 | 0  | — Piperis Nigri.....lb.            | 3  | 6  |
| Althææ Radix.....                      | 1  | 8  | — Rosæ caninæ.....                 | 1  | 8  |
| Alumen.....                            | 0  | 6  | — Rosæ gallicæ.....                | 2  | 0  |
| Ammoniæ Murias.....                    | 1  | 8  | — Rutæ.....unc.                    | 0  | 6  |
| — Subcarbonas.....                     | 2  | 0  | — Scammoniæ.....unc.               | 2  | 6  |
| Amygdalæ dulces.....                   | 3  | 6  | — Sennæ.....                       | 3  | 0  |
| Ammoniacum (Gutt.).....                | 7  | 6  | Emplastrum Ammon. c. Hydrar....lb. | 6  | 6  |
| — (Lump.).....                         | 4  | 9  | — Cantharidis.....                 | 7  | 6  |
| Anthemidis Flores.....                 | 3  | 0  | — Hydrargyri.....                  | 3  | 6  |
| Antimonii oxydum.....                  | 6  | 0  | — Opii.....                        | 4  | 6  |
| — sulphuretum præp. ....               | 3  | 6  | — Resinæ.....                      | 1  | 8  |
| — sulphuretum præp. ....unc.           | 0  | 6  | — Saponis.....                     | 2  | 0  |
| Antimonium Tartarizatum.....unc.       | 0  | 6  | Extractum Aconiti.....unc.         | 0  | 10 |
| Arsenicum Alb. Sublim.....lb.          | 2  | 6  | — Anthemidis.....lb.               | 8  | 0  |
| Asafoetidæ Gummi-resina.....lb.        | 5  | 6  | — Belladonnæ.....unc.              | 1  | 6  |
| Aurantii Cortex.....                   | 3  | 10 | — Cinchonæ.....                    | 3  | 0  |
| Argenti Nitras.....unc.                | 6  | 0  | — Cinchonæ resinosum.....          | 4  | 6  |
| Balsamum Peruvianum.....lb.            | 20 | 0  | — Colocynthis.....                 | 4  | 6  |
| — Tolutanum.....                       | 48 | 0  | — Colocynthis comp. ....           | 2  | 3  |
| Benzoinum elect. ....                  | 8  | 6  | — Conii.....                       | 0  | 6  |
| Bismuthi Subnitras.....unc.            | 1  | 0  | — Elaterii.....                    | 35 | 0  |
| Calamina præparata.....                | 0  | 6  | — Gentianæ.....                    | 0  | 4  |
| Calcis Murias.....unc.                 | 0  | 3  | — Glycyrrhiæ.....lb.               | 7  | 0  |
| — Muriatis solutio.....lb.             | 1  | 0  | — Hæmatoxyli.....unc.              | 0  | 5  |
| Calumbæ.....lb.                        | 10 | 0  | — Humuli.....                      | 1  | 0  |
| Cambogia.....                          | 7  | 6  | — Hyoscyami.....                   | 1  | 0  |
| Camphora.....                          | 6  | 6  | — Jalapæ.....ls. 6d. Res.          | 3  | 6  |
| Canellæ Cortex elect. ....             | 3  | 0  | — Lactuæ Sativæ.....unc.           | 1  | 0  |
| Cantharis.....lb.                      | 12 | 0  | — Viroæ.....unc.                   | 1  | 0  |
| Cardamomi Semina.....lb.               | 7  | 6  | — Opii.....                        | 5  | 0  |
| Cascarillæ Cortex elect. ....          | 2  | 0  | — Papaveris.....                   | 0  | 9  |
| Castoreum.....unc.                     | 4  | 0  | — Rhæi.....                        | 2  | 0  |
| Castor Russ.....oz.                    | 15 | 0  | — Sarsaparillæ.....                | 2  | 0  |
| Catechu Extractum.....lb.              | 3  | 6  | — Stramonii Sem. ....unc.          | 5  | 0  |
| Cetaceum.....                          | 3  | 0  | — Taraxaci.....                    | 0  | 9  |
| Cera alba.....                         | 3  | 8  | Ferri subcarbonas præcip. ....lb.  | 4  | 0  |
| — flava.....                           | 3  | 3  | — sulphas.....                     | 1  | 6  |
| Cinchonæ cordifoliæ Cortex (yellow) .. | 8  | 6  | Ferrum ammoniatum.....             | 4  | 6  |
| — lancifoliæ Cortex (quilled) ..       | 12 | 0  | — tartarizatum.....                | 4  | 6  |
| — oblongifoliæ Cortex (red).....       | 12 | 0  | Galbani Gummi-resina.....          | 14 | 0  |
| Cinnamomi Cortex.....                  | 14 | 0  | Gentianæ Radix elect. ....         | 1  | 6  |

|                                      | s. | d. |                                   | s. | d. |
|--------------------------------------|----|----|-----------------------------------|----|----|
| Gualaci resina.....                  | 12 | 0  | Potass. Subcarbonas.....          | 1  | 2  |
| Hydrargyrum purificatum.....         | 5  | 6  | — Sulphas.....                    | 1  | 0  |
| — precipitatum album.....            | 9  | 0  | — Sulphuretum.....                | 4  | 2  |
| — cum creta.....                     | 5  | 0  | — Supersulphas.....               | 1  | 0  |
| Hydrargyri Oxymurias.....unc.        | 0  | 8  | — Tartas.....                     | 3  | 6  |
| — Submurias.....                     | 0  | 8  | — Supertartas.....                | 1  | 0  |
| — Nitrico-Oxydum.....                | 0  | 8  | Pilule Hydrargyri.....unc.        | 0  | 6  |
| — Oxydum Cinereum.....               | 1  | 6  | Pulvis Antimonialis.....          | 0  | 4  |
| — Oxydum rubrum.....                 | 5  | 6  | — Cinnamomi compos.....unc.       | 1  | 0  |
| — Sulphuretum nigrum.....            | 0  | 4  | — Contrayerva comp.....           | 0  | 2  |
| — — rubrum.....                      | 0  | 6  | — Ipecacuanhe compos.....unc.     | 3  | 6  |
| Hellebori nigri Radix.....lb.        | 2  | 0  | — Scammonie compos.....unc.       | 0  | 4  |
| Ipecacuanhe Radix.....               | 17 | 0  | — Tragacanthæ comp.....           | 0  | 4  |
| — Pulvis.....                        | 19 | 0  | Resina Flava.....lb.              | 25 | 0  |
| Jalapæ Radix.....                    | 6  | 0  | Rhei Radix (Russia).....          | 10 | 0  |
| — Pulvis.....                        | 7  | 0  | — (East India) opt.....           | 9  | 0  |
| Kino.....                            | 6  | 4  | Rose petals.....                  | 2  | 0  |
| Liquor Plumbi subacetatis.....P. lb. | 1  | 2  | Sapo (Spanish).....               | 5  | 0  |
| — Ammoniac.....2 6                   | 5  | 3  | Sarsaparilla Radix (Jam.).....    | 6  | 0  |
| — Arsenicalls.....lb.                | 3  | 0  | Scammonie Gummi-Resina.....unc.   | 6  | 0  |
| — Potasse.....                       | 1  | 4  | Sellæ Radix siccat.....lb.        | 3  | 6  |
| Limentum Æruginis.....lb.            | 3  | 6  | Senegæ Radix.....                 | 0  | 0  |
| — Camphoræ comp.....                 | 6  | 0  | Sennæ Folia.....                  | 0  | 0  |
| — Saponis comp.....                  | 5  | 0  | Serpentaria Radix.....            | 6  | 0  |
| Lichen.....                          | 2  | 0  | Sinapæ Cortex.....                | 4  | 0  |
| Magnesia.....                        | 7  | 0  | Soda suboxas.....                 | 3  | 0  |
| Magnesie Subcarbonas.....            | 3  | 6  | — Sulphas.....                    | 0  | 0  |
| — Sulphas.....                       | 0  | 6  | — Carbonas.....                   | 5  | 0  |
| Manna.....                           | 6  | 0  | — Subcarbonas.....                | 1  | 10 |
| — communis.....                      | 3  | 0  | — exsiccata.....                  | 5  | 0  |
| Moschus pod. (32s.).....in gr. unc.  | 48 | 0  | Soda tartarinata.....             | 2  | 6  |
| Mastiche.....lb.                     | 8  | 6  | Spongia tista.....unc.            | 1  | 0  |
| Myristica Nuclei.....                | 10 | 4  | Spiritus Ammonie.....M. lb.       | 4  | 0  |
| Myrrha.....                          | 8  | 6  | — aromatics.....                  | 4  | 6  |
| Olibanum.....                        | 3  | 0  | — fortis.....                     | 5  | 0  |
| Opopanacis gummi resina.....         | 20 | 0  | — succinatæ.....                  | 5  | 0  |
| Opium (Turkey).....                  | 40 | 0  | — Cinnamomi.....                  | 3  | 0  |
| Oleum Æthereum.....oz.               | 2  | 6  | — Colchici Ammon.....unc.         | 0  | 5  |
| — Amygdalarum.....lb.                | 3  | 6  | — Lavandule.....lb.               | 5  | 0  |
| — Anisi.....unc.                     | 1  | 8  | — Myrticæ.....                    | 3  | 0  |
| — Anthemidis.....                    | 6  | 0  | — Plinente.....                   | 3  | 0  |
| — Cassie.....                        | 6  | 0  | — Rosmarini.....                  | 4  | 0  |
| — Caryophylli.....                   | 4  | 6  | — Ætheris Aromaticus.....         | 9  | 0  |
| — Cajuputi.....                      | 4  | 0  | — Nitrici.....                    | 5  | 0  |
| — Carui.....                         | 1  | 6  | — Sulphurici.....                 | 6  | 0  |
| — Juniperi Ang.....                  | 6  | 0  | — Compositus.....                 | 6  | 6  |
| — Lavandule.....                     | 2  | 6  | — Vini rectificatus.....cong.     | 20 | 0  |
| — Lini.....cong.                     | 5  | 0  | Syrupus Papaveris.....lb.         | 2  | 0  |
| — Menthe piperitæ.....unc.           | 3  | 10 | — Sarsaparillæ.....lb.            | 9  | 0  |
| — Menthe viridis Ang.....            | 4  | 6  | — Tolutanus.....lb.               | 3  | 4  |
| — Origanum.....unc.                  | 1  | 0  | Sulphur Sublimatum.....           | 0  | 9  |
| — Pimentæ.....unc.                   | 5  | 6  | — Lotum.....                      | 1  | 0  |
| — Pulgill.....unc.                   | 4  | 6  | — Precipitatum.....               | 2  | 0  |
| — Ricini optima.....lb.              | 6  | 0  | Tamarindii Pulpa opt.....         | 3  | 0  |
| — Rosmarini.....unc.                 | 0  | 9  | Terebinthina Vulgaris.....        | 0  | 10 |
| — Succini.....                       | 0  | 6  | — Canadensis.....                 | 0  | 0  |
| — Sulphuratum.....P. lb.             | 1  | 2  | — Chia.....                       | 10 | 0  |
| — Terebinthina.....                  | 1  | 4  | Tinct. Ferri muriatis.....        | 5  | 0  |
| — — rectificatum.....                | 2  | 0  | Tragacantha Gummi.....            | 2  | 0  |
| Olivæ Oleum.....cong.                | 14 | 0  | Valerianæ Radix.....              | 2  | 0  |
| — — secundum.....                    | 0  | 0  | Veratri Radix.....                | 2  | 0  |
| Papaveris Capsule.....(per 100)      | 3  | 8  | Vinum Colchici.....               | 4  | 0  |
| Pix Abietina.....lb.                 | 1  | 0  | — Ipecacuanhe.....                | 5  | 6  |
| Plumbi Acetas.....                   | 9  | 0  | — Opli.....                       | 5  | 0  |
| — Subcarbonas.....lb.                | 0  | 8  | Unguentum Hydrargyri fortius..... | 5  | 0  |
| — Oxydum semi-vitreum.....           | 0  | 8  | — Nitratæ.....                    | 4  | 0  |
| Potass. Fusa.....unc.                | 0  | 5  | — Nitrico-oxydi.....              | 4  | 0  |
| — cum Calce.....                     | 0  | 2  | Uvae Ursi Folia.....              | 3  | 0  |
| Potassæ Nitras.....lb.               | 1  | 0  | Zinci Oxydum.....                 | 7  | 0  |
| — Acetas.....                        | 8  | 0  | — Sulphas purif.....              | 5  | 0  |
| — Carbonas.....                      | 3  | 0  | Zingiberis Radix opt.....         | 5  | 0  |

NEW REMEDIES.

|                                 | s. | d. |  | s. | d. |
|---------------------------------|----|----|--|----|----|
| Brucine.....dr.                 | 28 | 0  | Morphine Acetate Liquor.....oz. 18s. dr.                                       | 2  | 0  |
| Emetine du Codex.....dr.        | 25 | 0  | Hydrocyan. Acid (Schæele's), twice the strength of Vauquelin's oz. 3s. 8d. dr. | 0  | 0  |
| Hydriod. Potass.....oz. 1s. dr. | 1  | 6  | Quinine Sulphate.....oz. 45s. dr.  | 5  | 0  |
| Iodine.....oz.                  | 8  | 0  | Strychnine.....dr.   | 26 | 0  |
| — Tincture.....oz.              | 2  | 0  | Veratrine.....dr.  | 30 | 0  |
| Morphine Crystall.....dr.       | 21 | 0  |  |    |    |
| — Acetate.....dr.               | 20 | 0  |  |    |    |

Furnished by Messrs. J. and G. WAGN, Chemists and Druggists, Regent Street.



## THE METEOROLOGICAL JOURNAL,

From the 19th of APRIL to the 20th of MAY, 1825.

By Messrs. HARRIS and Co.

Mathematical Instrument Makers, 50 High Holborn.

| April. | Moon. | Rain Gauge. | Therm.  |      |      | Barom.  |          | De Luc's Hygrom. |          | Winds.  |          | Atmo. Variation. |          |          |      |         |
|--------|-------|-------------|---------|------|------|---------|----------|------------------|----------|---------|----------|------------------|----------|----------|------|---------|
|        |       |             | 9 A. M. | Max. | Min. | 9 A. M. | 10 P. M. | 9 A. M.          | 10 P. M. | 9 A. M. | 10 P. M. | 9 A. M.          | 10 P. M. | 10 P. M. |      |         |
| 20     |       |             | 46      | 52   | 40   | 30      | 01       | 29               | 91       | 66      | 78       | W                | WSW      | Fine     | Fine | St. cl. |
| 21     |       |             | 50      | 60   | 49   | 29      | 85       | 29               | 71       | 76      | 70       | W                | SSW      |          |      | Clo.    |
| 22     |       |             | 51      | 62   | 48   | 29      | 56       | 29               | 47       | 86      | 84       | SW               | SW       | Rain     | Rain | Sleet   |
| 23     |       | ,44         | 55      | 60   | 48   | 29      | 83       | 29               | 33       | 78      | 83       | WSW              | SW       | Sho.     | Fine | Fine    |
| 24     |       |             | 52      | 60   | 48   | 29      | 31       | 29               | 60       | 80      | 86       | SSE              | NW       | Clo.     | Rain |         |
| 25     |       | ,24         | 52      | 58   | 45   | 29      | 53       | 29               | 57       | 80      | 86       | E                | WSW      |          | Clo. |         |
| 26     | ☾     |             | 50      | 58   | 46   | 29      | 48       | 29               | 35       | 86      | 88       | E                | SSE      | Rain     | Fine | Clo.    |
| 27     |       | ,18         | 54      | 59   | 44   | 29      | 20       | 29               | 21       | 86      | 86       | ESE              | SW       | Fog.     | Fine | Rain    |
| 28     |       | ,23         | 53      | 60   | 50   | 29      | 20       | 29               | 29       | 76      | 72       | S                | S        | Fine     |      | Clo.    |
| 29     |       |             | 52      | 60   | 47   | 29      | 30       | 29               | 55       | 76      | 70       | S                | S        | Rain     |      |         |
| 30     |       | ,21         | 52      | 59   | 47   | 29      | 57       | 29               | 64       | 74      | 76       | SSW              | S        | Clo.     |      |         |
| 1      |       |             | 54      | 58   | 44   | 29      | 57       | 29               | 40       | 76      | 86       | SW               | NE       | Rain     | Clo. | Rain    |
| 2      | ☉     |             | 54      | 59   | 44   | 29      | 54       | 29               | 50       | 82      | 77       | SW               | S        | Clo.     | Fine | Clo.    |
| 3      |       | ,12         | 56      | 60   | 47   | 29      | 53       | 29               | 72       | 67      | 70       | W                | SW       |          | Clo. | Fine    |
| 4      |       |             | 55      | 57   | 55   | 29      | 77       | 29               | 76       | 73      | 66       | SSW              | SE       | Fine     | Fine |         |
| 5      |       |             | 56      | 64   | 58   | 29      | 70       | 29               | 70       | 76      | 72       | E                | SW       | Rain     |      |         |
| 6      |       | ,10         | 64      | 70   | 56   | 29      | 66       | 29               | 66       | 74      | 75       | SW               | SW       | Fine     |      |         |
| 7      |       |             | 60      | 65   | 53   | 29      | 63       | 29               | 75       | 75      | 70       | WSW              | SW       | Clo.     |      |         |
| 8      |       |             | 62      | 66   | 52   | 29      | 75       | 29               | 75       | 67      | 70       | WSW              | SW       |          | Clo. | Clo.    |
| 9      | ☾     |             | 58      | 66   | 48   | 29      | 76       | 29               | 86       | 70      | 73       | SW               | SW       | Rain     |      |         |
| 10     |       | ,8          | 53      | 65   | 48   | 29      | 91       | 29               | 93       | 72      | 76       | W                | NE       | Fine     | Fine | Fine    |
| 11     |       |             | 56      | 62   | 48   | 29      | 91       | 29               | 88       | 69      | 73       | NE               | ENE      |          |      |         |
| 12     |       |             | 49      | 56   | 50   | 29      | 69       | 29               | 68       | 80      | 92       | SSE              | S        | Rain     | Rain | Rain    |
| 13     |       | ,21         | 50      | 52   | 40   | 29      | 73       | 29               | 90       | 92      | 80       | E                | ENE      |          |      | Fine    |
| 14     |       | ,16         | 44      | 56   | 38   | 30      | 00       | 30               | 05       | 72      | 60       | NE               | ENE      | Fine     | Fine |         |
| 15     |       |             | 51      | 56   | 45   | 30      | 05       | 29               | 95       | 65      | 68       | NE               | NE       | Clo.     | Clo. |         |
| 16     |       |             | 53      | 56   | 45   | 29      | 90       | 29               | 90       | 66      | 70       | ENE              | SE       |          | Fine |         |
| 17     | ☾     |             | 53      | 56   | 47   | 30      | 00       | 30               | 05       | 67      | 62       | ENE              | ESE      |          | Clo. |         |
| 18     |       |             | 58      | 60   | 42   | 30      | 11       | 30               | 08       | 65      | 68       | ENE              | NNE      | Fine     |      |         |
| 19     |       |             | 54      |      | 41   | 30      | 08       | 30               | 06       | 68      | 70       | ENE              | ESE      | Clo.     | Fine |         |

The quantity of rain fallen in April was 1 inch and 30-100ths.

Arrangements have been made in order to render the REPOSITORY more extensively useful to the Members of the Profession, as full and authentic record of Medical Science. The nature of these arrangements will best appear in our next Number, which commences a new Volume.

63 No. 80, for August 1820, of this Journal, which has been so often asked for, is now reprinted, and may be had of the Publishers.

\* Communications, and Works for Review, are requested to be addressed (post-paid) to the Editor, to the care of Messrs. T. and G. UNDERWOOD, 32 Fleet Street.

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